MAXIMUS Federal Services

Case Number:	CM14-0091821		
Date Assigned:	07/25/2014	Date of Injury:	05/26/2004
Decision Date:	06/12/2015	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/17/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented 80-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 26, 2004. In a Utilization Review report dated June 11, 2014, the claims administrator failed to approve a request for a topical compounded agent. The claims administrator referenced a June 5, 2014 RFA form and associated progress note of June 4, 2014 in its determination. The applicant's attorney subsequently appealed. On June 4, 2014, the applicant reported ongoing complaints of low back and right hip pain. The applicant was on Restoril, Tylenol No. 3, Lidoderm patches, Voltaren gel, and Nuvigil, it was acknowledged. Multiple medications prescribed, renewed, and/or continued, including the topical compounded agent in question. The applicant was also given prescription for tramadol, it was incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

TN1 (Ketoprofen 10%, Lidocaine 5%) topical compound cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics: Lidocaine, topical: Topical NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: No, the request for a ketoprofen-containing topical compound was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, the primary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including tramadol, effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the "largely experimental" topical compounded agent in question. Therefore, the request was not medically necessary.