

Case Number:	CM15-0008203		
Date Assigned:	01/27/2015	Date of Injury:	02/04/2004
Decision Date:	03/18/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/14/2015

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: Georgia, California, Texas

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 male injured worker suffered and industrial injury on 2/4/2004. The diagnoses were lumbago, thoracic/lumbar/sacral radiculitis and lumbar degenerative disc disease. The treatments were medications. Injured worker reported previous good response to Voltaren gel. The treating provider reported the injured worker and the provider desired to wean off narcotics. Samples were given and found to be effective. The pain level was 3/10. The Utilization Review Determination on 12/15/2014 non-certified Ketoprofen 10% and Lidocaine 5% cream, citing MTUS Chronic Pain Treatment Guidelines, topical analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 10% and Lidocaine 5% cream, 120 ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Non-Steroidal Anti-Inflammatory Agents, (NSAID).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113 of 127.

Decision rationale: MTUS does not recommend topical NSAIDs such as ketoprofen for treatment of neuropathic pain, and notes there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine or shoulder. Lidoderm patch is the only form of topical lidocaine recommended by MTUS for treatment of chronic pain. MTUS states: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Because the requested compounded topical medication includes ingredients not recommended by MTUS for these conditions, this preparation is not recommended by MTUS. Medical necessity is not established for the requested compounded topical medication per evidence-based guidelines.