

Case Number:	CM15-0011025		
Date Assigned:	01/28/2015	Date of Injury:	02/04/2003
Decision Date:	03/18/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/20/2015

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: 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 injured worker is a 55 year old male, who sustained an industrial injury on 2/4/2003. He reports neck and back pain after a fall. Diagnoses include spinal stenosis at lumbar 4-5, lumbar degenerative disc disease and cervical and thoracic sprain/strain. Treatments to date include physical therapy, home exercise and medication management. A progress note from the treating provider dated 12/3/2014 indicates the injured worker reported constant neck pain that radiated to the bilateral upper extremities with numbness and tingling and mid and low back pain with pain that radiated to the bilateral lower extremities with numbness and tingling. The treatment plan included Flurbiprofen 20% cream 120 grams, Ketoprofen 20%/Ketamine 10% 120 grams and Gabapentin/Cyclobenzaprine 10%, Capsaicin 0.0375% cream 120 grams. On 12/22/2014, Utilization Review non-certified the request for Flurbiprofen 20% cream 120 grams, Ketoprofen 20%/Ketamine 10% 120 grams and Gabapentin/Cyclobenzaprine 10%, Capsaicin 0.0375% cream 120 grams, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% cream 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Non-steroidal antiinflammatory agents (NSAIDs).

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

Decision rationale: The MTUS Guidelines are very specific in stating that only FDA approved agents for topical use are supported by Guidelines. There are FDA approved topical NSAIDs and Flurbiprofen is not one of them. The compounded Flurbiprofen 20% cream 120gms. is not supported by Guidelines and is not medically necessary.

Ketoprofen 20% Ketamine 10% 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Non-steroidal antiinflammatory agents (NSAIDs).

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

Decision rationale: The MTUS Guidelines are very specific in stating that only FDA approved agents for topical use are supported by Guidelines. The Guidelines also state that if a compound contains an agent that is not recommended, that compound is not recommended. The Guidelines specifically state that Ketoprofen is not recommended. The compounded Ketoprofen 20% Ketamine 10% 120gms is not supported by Guidelines and is not medically necessary.

Gabapentin 10% Cyclobenzaprine 10% Capsaicin 0.0375% cream 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Non-steroidal antiinflammatory agents (NSAIDs).

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

Decision rationale: The MTUS Guidelines are very specific in stating that only FDA approved agents for topical use are supported by Guidelines. The Guidelines also state that if a compound contains an agent that is not recommended, that compound is not recommended. Guidelines specifically do not recommend topical Gabapentin or topical muscle relaxants (Cyclobenzaprine). The compounded Gabapentin 10%, Cyclobenzaprine 10%, Capsaicin 0.0375% cream 120 gms. is not supported by Guidelines and is not medically necessary.