

Case Number:	CM15-0013090		
Date Assigned:	02/13/2015	Date of Injury:	11/11/1994
Decision Date:	03/26/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/22/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 71 year old female, who sustained a work related injury on 11/11/94. The diagnoses have included chronic pain syndrome, severe neuropathic pain, opioid dependence and gait dysfunction. Treatments to date have included a spinal cord stimulator trial, sympathetic blocks, IV drug delivery, Fentanyl lollipops and patches and oral medications. In the PR-2 dated 12/12/14, the injured worker complains of right foot pain. She rates the pain a 7/10. She has weakness in her right foot. On 12/29/14, Utilization Review non-certified a request for Ketoprofen-Ketamine-Lidocaine external cream 5-5-2%, #240. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen - Ketamine - Lidocaine external cream 5-5-2%, #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant has a remote history of a work-related injury occurring nearly 20 years ago and continues to be treated for chronic pain. Treatments have included opioids and a spinal cord stimulator. Compounded topical preparations of ketoprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Topical ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted and has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Although these topical medications may be medically necessary in this case, by prescribing them in a compounded form, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, this medication was not medically necessary.