

Case Number:	CM15-0124033		
Date Assigned:	07/08/2015	Date of Injury:	03/20/2003
Decision Date:	08/11/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/26/2015

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: 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 38-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 20, 2003. In a Utilization Review report dated June 8, 2015, the claims administrator failed to approve a request for ketoprofen-containing topical compound while apparently improving request for Opana and Dilaudid. The claims administrator referenced an RFA form received on June 2, 2015 in its determination. The applicant's attorney subsequently appealed. In an RFA form dated June 2, 2015, Opana, Dilaudid, Neurontin, and the ketoprofen" containing topical compound in question were prescribed. In an associated progress note of May 27, 2015, the applicant reported multifocal complaints of low back and knee pain with derivative complaints of headaches and insomnia. 7 to 8/10 pain with medications versus 10/10 without medications was reported. The applicant's multiple medications, including the topical compounded agent in question were endorsed. The applicant's work status was not detailed, although it did not appear the applicant was working. The applicant was using a wheelchair to move about, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen/Gabapentin/Lidocaine cream #240g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 FDA approved for topical application purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's concomitant usage of multiple other first line oral pharmaceuticals, including Opana, Dilaudid, Neurontin, etc., effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the "largely experimental" topical compounded at agent in question. Therefore, the request is not medically necessary.