

Case Number:	CM15-0126213		
Date Assigned:	07/10/2015	Date of Injury:	10/14/2014
Decision Date:	09/10/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/30/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 10/14/2014 when he reported being injured in a motor vehicle accident. The injured worker is currently not working. The injured worker is currently diagnosed as having cervicalgia, cervical radiculopathy, cervical disc protrusion, cervical spondylosis, lumbago, lumbar radiculopathy, lumbar disc protrusion, lumbar facet dysfunction, left sacroiliac joint dysfunction, carpal tunnel syndrome, shoulder pain, and anxiety. Treatment and diagnostics to date has included cervical spine MRI which showed disc protrusion and neuroforaminal stenosis, use of lumbosacral brace, chiropractic treatment, and medications. In a progress note dated 06/09/2015, the injured worker presented with complaints of continued neck pain that radiates to his bilateral shoulders and low back pain that radiates to his bilateral lower extremities. Objective findings include tenderness to palpation over the left lumbar paraspinal muscles, positive facet loading test on the left, and positive Spurling's test bilaterally. The treating physician reported for injured worker to continue with medications including compound analgesic cream for symptomatic relief of pain containing Lidocaine and Ketoprofen. According to the application, the request is for a compound cream with no name provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound analgesic cream, no name provided: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylates, Topical Analgesics Page(s): 105, 111-113.

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

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case the requested analgesic cream contains Ketoprofen and Lidocaine. Ketoprofen is not currently FDA approved for a topical application, and has an extremely high incidence of photo-contact dermatitis. Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) is FDA approved for neuropathic pain, and used off- label for diabetic neuropathy. No other Lidocaine topical creams or lotions are indicated for neuropathic or non-neuropathic pain. Medical necessity for the topical analgesic cream has not been established. The requested medication is not medically necessary.