MAXIMUS Federal Services

Case Number:	CM15-0067471		
Date Assigned:	04/15/2015	Date of Injury:	01/29/2013
Decision Date:	05/19/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/09/2015

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, Massachusetts
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 45 year old female, who sustained an industrial injury on January 29, 2013. She reported an injury to her left ankle, low back, tailbone and foot region after a slip and fall incident. Treatment to date has included steroid injections, medications, chiropractic therapy, range of motion exercises and imaging of the left lower extremity and low back. Currently, the injured worker complains of low back pain with radiation of pain to the right foot and left ankle radiation to the toes. She describes the pain as moderate, dull, aching, throbbing low back pain with stiffness becoming stabbing, moderate pain radiating to the right foot with associated numbness/tingling. Her pain is relieved with medication. Diagnoses associated with the request include displacement of the lumbar disk without myelopathy, lumbar sprain/strain, derangement of the joint and ruptured Achilles tendon. Her treatment plan includes MRI of the left ankle and lumbar spine, Naproxen #60, Omeprazole #60, cyclobenzaprine #60, KETO ointment and FCMC Ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Katoprofen ointment 120 gram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics, NSAIDs Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 112-119.

Decision rationale: According to CA MTUS guidelines topical analgesics are largely experimental and are only indicated once first line oral agent for radicular pain such as lyrica or neurontin are shown to be ineffective and if the compounded agents are contraindicated in traditional oral route. There is nothing noted in the provided clinic record that the injured worker is unable to take a first line oral agent for his neuropathic pain. Additionally any compounded product that contains at least one drug that is not recommended is not recommended. Katoprofen is not recommended as a compounded agent as NSAIDs can be safely taken orally. Consequently continued use of the above listed compounded agent is not supported at this time.

FCMC ointment 120 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 112-119.

Decision rationale: According to CA MTUS guidelines topical analgesics are largely experimental and are only indicated once first line oral agent for radicular pain such as lyrica or neurontin are shown to be ineffective and if the compounded agents are contraindicated in traditional oral route. There is nothing noted in the provided clinic record that the injured worker is unable to take a first line oral agent for his neuropathic pain. Additionally any compounded product that contains at least one drug that is not recommended is not recommended. Considering that the listed compound is not FDA certified and is not supported by CA MTUS guidelines, consequently continued use of the above listed compounded agent is not supported at this time.