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| Case Number: | CM15-0079589 | | |
| Date Assigned: | 04/30/2015 | Date of Injury: | 11/29/2010 |
| Decision Date: | 06/04/2015 | UR Denial Date: | 03/31/2015 |
| Priority: | Standard | Application Received: | 04/25/2015 |

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, Florida, 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 (IW) is a 52-year-old male who sustained an industrial injury to the low back on 11/29/2010. Diagnoses include lumbar discogenic disease and failed back syndrome. Treatment to date has included medications, acupuncture, aqua and physical therapy, injections, chiropractic care, massage therapy, psychological therapy and discectomy with laminectomy. Diagnostics included psychological evaluation, MRIs and electrodiagnostic testing. According to the progress notes dated 3/30/15, the IW reported severe ongoing low back pain rated 5 or 6 constantly. He complained of difficulty walking with pain, favoring the right lower extremity with profound back spasms causing significant discomfort. On examination, he had severe spasms of the latissimus dorsi, left greater than right, and positive straight leg raise at 45 degrees on the left. It was noted the IW was doing well with chiropractic and massage therapy. A request was made for Ketoprofen 20% compound cream UL 120Gms for treatment of neuropathic pain of the lumbar spine due to the IW's past issues with stomach irritation from NSAID use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen cream 20 percent compound cream UL 120gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111 of 127.

Decision rationale: Per the Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 111 of 127, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is appropriately not medically necessary.