



Case Number:	CM13-0028050		
Date Assigned:	11/22/2013	Date of Injury:	02/14/1997
Decision Date:	01/31/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/23/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This case involves a 50 year-old female, who sustained injuries to her cervical and thoracic spine, knees and ankles on 2/14/1997, while employed by the [REDACTED]. Per report of 8/19/13 from [REDACTED], the patient complained of significant pain, limiting her activities of daily living with pending request for additional twelve (12) physical therapy sessions. The complaints also included bilateral arm pain radiating from the cervical spine. Limited exam showed positive Spurling on the left; dermatomal dysfunction with dysesthesia and pain over the C6 and C7 dermatome with weakness in elbow flexion, as well as shoulder abduction. The request was for an updated MRI of the cervical spine as the patient indicated the previous one is old from two (2) years ago and would like to proceed with operative intervention. Per [REDACTED], the medications were refilled and the work status remains unchanged as she has not been able to return to modified work activities due to her pain. On 9/5/13, the utilization review (UR) physician, non-certified the request for topical compound Keto/Lido/Baclo 10/10/10% 360 gram, citing lack of medical information provided to support the medication. There is a report from secondary report from pain management, [REDACTED] dated 8/22/13, who noted the patient with significant cervical spine pain associated with numbness, tingling and weakness. She had responded to epidural steroid injections to some degree; however, they have received denials on multiple occasion to repeat procedure so cervical spine surgery option was discussed with [REDACTED]. Her medications include Relafen, Flexeril, Norco, and Neurontin. There was no physical examination performed/documented. Recommendation was to follow-up with [REDACTED] for possible surgery; if not, to consider nerve root stimulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of ketoprofen/lidocaine/baclofen 10/10/10% 360 grams: 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 Chronic Pain Medical Treatment Guidelines, Topical Analgesics Page(s): 111-113.

Decision rationale: The patient is being followed by a pain management specialist, who lists the current medications to include Relafen, Flexeril, Norco, and Neurontin. The submitted reports have not adequately documented or even mentioned the topical compound medication, Keto/Lido/Baclo 10/10/10% or its indication and necessity for this 1997 injury with chronic pain with the patient already taking multiple other oral pain medications. There is no demonstrated functional improvement from ongoing refills of medication as the patient remains off work. The Chronic Pain Guidelines indicate that the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic over oral non-steroidal anti-inflammatory drugs (NSAIDs) or other pain relievers for a patient without contraindication in taking oral medications. The submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic. The one (1) prescription of Ketoprofen/Lidocaine/Baclofen 10/10/10%, 360 gm is not medically necessary and appropriate.