

Case Number:	CM13-0005059		
Date Assigned:	01/17/2014	Date of Injury:	01/13/2010
Decision Date:	03/25/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	07/31/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation has a subspecialty in Interventional Spine 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 physician 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 patient reports with multiple industrial and non-industrial injures. This review pertains to the 1/13/2010 industrial claim. The IMR application shows a dispute with the 7/17/13 UR decision. The 7/17/13 UR letter is from [REDACTED] and is based on the 5/24/13 report from [REDACTED], and a prior billing from 2012 for topical compounded medications. According to the 5/23/13 report from [REDACTED], the patient presents with low back pain, industrial, and non-industrial rib and left shoulder pain from a fall at home. She has been diagnosed with: myofascial sprain of the lumbar spine; neuropathy to both legs; CTS severe right and mild left; Guillain-Barre Syndrome; Lupus erythematosus. The 5/23/13 report from [REDACTED], is in a check-box format and does not discuss compounded topical medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen (NAP) creak (Ketoprofen powder 20%/Lidocaine 5%/Penderm (cream base) 180mg #100: 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 Page(s): 111-113.

Decision rationale: The request is for a compounded topical medication containing Ketoprofen and Lidocaine. MTUS in general for compounded medications states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS also states that for Ketoprofen "This agent is not currently FDA approved for a topical application"; and that other than the dermal patch, "No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain" The compounded topical that contains either Ketoprofen or Lidocaine would not be in accordance with MTUS guidelines.

CAPS (NAP) cream 5+ TGC (Capsaicin 0.05%/Tramadol 8%/Gabapentin 10%/Cyclobenzaprine 4%/Menthol 5%/Cam #1: 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 Page(s): 111-113.

Decision rationale: The request is for a compounded topical medication containing Capsaicin, Tramadol, Gabapentin, Cyclobenzaprine and Menthol. MTUS in general for compounded medications states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The compound topical contains Gabapentin and Cyclobenzaprine. MTUS specifically states topical Gabapentin is not recommended, and that there is no evidence for use of any muscle relaxant as a topical product. Therefore, any topical compound containing either gabapentin or Cyclobenzaprine would not be recommended.