

Case Number:	CM13-0016375		
Date Assigned:	11/06/2013	Date of Injury:	04/25/2012
Decision Date:	05/21/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/26/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine 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:

██████████ who sustained a work related injury on April 25 2012. Subsequently the patient developed chronic lumbar pain. According to the note dated on March 12, 2013, the patient continued to have chronic lumbar pain and shoulder pain. His physical examination demonstrated the painful with reduced range of motion, lumbar pain, dyesthesia in the territory of L4-L5 and S1 distribution. The provider requested authorization to use the medications mentioned below.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETOPROFEN POWDER 18MG WHICH INCLUDES GLYCERIN LIQUID 36ML/CAPSAICIN POWDER .0144G/TRAMADOL HCL POWDER, QTY: 18, DOS4/24/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

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

Decision rationale: The requested topical analgesic is formed by the combination of Ketoprofen powder 18mg which includes Glycerin liquid 36ml/Capsaicin powder .0144g/Tramadol HCL powder. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The topical analgesic contains Capsaicin not recommended by MTUS as a topical analgesic. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Therefore, the request for topical Ketoprofen powder 18mg which includes Glycerin liquid 36ml/Capsaicin powder .0144g/Tramadol HCL powder, QTY: 18, DOS: 4/24/2013 is not medically necessary.

CYCLOBENZAPRINE HCL POWDER 2.4 WHICH INCLUDES CAPSAICIN POWDER 0.015G/LIDOCAINE POWDER 1.2/GLYCERIN LIQUID 30ML/FLURBIPROFEN POWDER 12G, QTY: 120, DOS: 4/24/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

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

Decision rationale: The requested topical analgesic is formed by the combination of Cyclobenzaprine HCL powder 2.4 which includes Capsaicin powder 0.015g/Lidocaine powder 1.2/Glycerin liquid 30ml/Flurbiprofen powder 12g. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The topical analgesic contains Glycerin not recommended by MTUS as a topical analgesic. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Therefore, the request for topical Cyclobenzaprine HCL powder 2.4 which includes Capsaicin powder 0.015g/Lidocaine powder 1.2/Glycerin liquid 30ml/Flurbiprofen powder 12g, QTY: 120, DOS: 4/24/2013 is not medically necessary.