

Case Number:	CM13-0016432		
Date Assigned:	12/11/2013	Date of Injury:	07/23/2012
Decision Date:	03/05/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/26/2013

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 and Rehabilitation, has a subspecialty in Pain Management, 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:

The patient is a 60-year-old with date of injury on 07/23/2012. The progress report dated 04/16/2013 by [REDACTED] indicates that the patient's diagnoses include status post cervical spine fusion, cervical spine sprain/strain, left thumb strain, and left hand sprain/strain. The patient continues to complain of headaches, neck pain, which radiates to the left shoulder. The patient also complains of intermittent left thumb pain. Physical exam findings included tenderness to palpation on the right and left cervical paraspinal muscles. The patient had a mild decrease in range of motion of the cervical spine. Utilization review letter dated 08/16/2013 had issued a non-certification of a topical cream compound which contained 15% ketoprofen, 5% tramadol, 1% lidocaine, and 0.0125% capsaicin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical cream compound (15% Ketoprofen, 5% Tramadol, 1% Lidocaine and .0125% Capsaicin): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The Physician Reviewer's decision rationale: The patient continues with headaches and neck pain, which radiate into the left shoulder, as well as left thumb pain. The utilization review letter dated 08/16/2013 indicates that there was a peer-to-peer discussion with the treating physician which revealed that the patient has failed multiple oral NSAIDs (non-steroidal anti-inflammatory drugs) due to GI (gastrointestinal) upset despite use of omeprazole. The patient has also failed a trial of tramadol as it was not effective for the patient's pain. The Chronic Pain Medical Treatment Guidelines, states that, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The Chronic Pain Medical Treatment Guidelines, further states, under topical NSAIDs that, "Specifically, ketoprofen is not currently FDA approved for topical application, as it has an extremely high incidence of photocontact dermatitis." The topical cream recommended also contains lidocaine. The Chronic Pain Medical Treatment Guidelines, specifically states that, "Lidocaine, in topical form, is only approved when used in a dermal patch, no other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain." As multiple ingredients in this topical cream are not recommended, the entire topical cream is not recommended according to the Chronic Pain Medical Treatment Guidelines noted above. The request for topical cream compound (15% Ketoprofen, 5% Tramadol, 1% Lidocaine and .0125% Capsaicin) is not medically necessary or appropriate.