

Case Number:	CM13-0020762		
Date Assigned:	10/11/2013	Date of Injury:	07/13/2012
Decision Date:	01/21/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/05/2013

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 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 53-year-old female who reported an injury on 07/13/2012. She was previously diagnosed as having a left knee contusion, and a left ankle sprain. The patient has utilized physical therapy times 12 sessions, oral medications, and activity modification as a means to treat her injury. An MRI of the left knee performed on 09/18/2013 noted a partial intrasubstance tear of the patellar tendon at the insertion on the inferior aspect of the patella with some minimal bone bruising in this area, and edema and partial tear of the anterior cruciate ligament. The patient also underwent an MRI of the lumbar spine without contrast on 09/16/2013 which noted grade I spondylolisthesis at L4-5, apparently due to a combination of facet arthropathy and disc disease. It was also noted the patient had spinal stenosis at L2-3 and L3-4 which is due to a combination of congenitally short pedicles, disc bulges, epidural lipomatosis, and facet arthropathy. There is also multilevel degenerative disc disease involving primarily the L2-3, L3-4, and L4-5. There was also multilevel degenerative arthritis in the facet, most pronounced at L4-5 where there is also a grade I spondylolisthesis. The physician is now requesting the compounded medication Cyclobenzaprine, ketoprofen #120 with 3 refills, as well as the compounded medication Capsaicin powder 95%, Trolamine, and Carbapol #120 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of compound: Cyclobenzaprine, Ketoprofen number one hundred twenty (#120) with three refills: 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 Topical Analgesics Page(s): 111-112.

Decision rationale: According to California MTUS Guidelines, under topical analgesics, as noted under the headline nonsteroidal anti-inflammatory agents, ketoprofen is a non FDA approved agent for topical application. Furthermore, it is noted that many agents are compounded as monotherapy or in combination for pain control including NSAIDs, opioids, Capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, iatrogenic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, α agonists, prostanoids, bradykinin, adenosine, triphosphate, biogenic amines, and nerve growth factor. Under the same heading, it states that there is little to no research to support the use of many of these agents. In bold letters it states "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". Therefore, with the request containing the ingredient Ketoprofen, which is not recommended under the California MTUS Guidelines, the requested service is non-certified.

Pharmacy purchase of compound medication: Capsaicin powder 95%, Trolamine, Carbapol number one hundred twenty (#120): 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 Topical Analgesics Page(s): 111-112.

Decision rationale: Under California MTUS Guidelines under topical analgesics, many agents are compounded as monotherapy or in combination for pain control including NSAIDs, opioids, Capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, iatrogenic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, α agonists, prostanoids, bradykinin, adenosine, triphosphate, biogenic amines, and nerve growth factor. Under the same heading, it states that there is little to no research to support the use of many of these agents. In bold letters it states any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The patient has been diagnosed as having left knee pain, decreased range of motion, and has had little relief from her previous conservative modalities. However, with the ingredient Capsaicin not recommended by California MTUS guidelines, the requested service cannot be warranted at this time. As such, the request is non-certified.