

Case Number:	CM13-0020789		
Date Assigned:	10/11/2013	Date of Injury:	04/19/2012
Decision Date:	01/15/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/06/2013

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 medicine and is licensed to practice in Oklahoma and Texas. 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.

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 47-year-old who reported an injury on 04/19/2012 to her back, both knees, left shoulder and neck due to cumulative trauma while performing her job duties. She was noted to have undergone a right knee arthroscopy in 2009, which was also related to a previous job injury. A clinical note dated 03/13/2013 indicated that the patient was diagnosed with an HNP (herniated nucleus pulposus) at C5-6 with positive radiculopathy. She complained of right knee pain and left knee pain as well as left shoulder pain. The patient was noted to have previously undergone cortisone injections to the left shoulder. She was reported to have left shoulder pain with motion with a painful arc of motion, decreased range of motion of the cervical spine with a positive sensory defect in the left upper extremity at the C5 and C6 dermatomes and to be unable to squat or kneel with the right knee. She was noted to have patellofemoral pain with positive findings of lateral and medial joint line tenderness. The patient was noted to have previously treated with physical therapy, to have undergone x-rays and MRIs of the cervical spine and which were reported to show degenerative changes at C5-6 with a right paracentral disc herniation. She was noted to have undergone a series of Synvisc injections to the right knee previously. The patient was also reported to have complaints of low back pain. On 07/22/2013, the patient was noted to still have radiculopathy at C5-6. She complained of low back pain, left shoulder pain and bilateral knee pain. On examination, the patient had cervical spine flexion of 50 degrees, extension of 35 degrees, right rotation of 60 degrees and left rotation of 70 degrees. She continued to have sensory deficits at C6 on the right side. She complained of low back pain and was noted to have decreased range of motion of the lower extremities. She was noted to be performing a home exercise program and using a heating pad at home and was reported to c

IMR ISSUES, DECISIONS AND RATIONALES

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

A compound medication of Ketoprofen 25%/Lidocaine 5%/Menthol 5%/Camphor 1%/Capsaicin 0.025%: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, any compounded medication that contains a drug, or drug class, that is not recommended is not recommended, noting that there are few peer-reviewed articles or peer-reviewed clinical trials to support the appropriateness of many of the medications. The Chronic Pain Medical Treatment Guidelines also states that ketoprofen is not recommended by the FDA, as there is a high incidence of photocontact dermatitis. The guidelines state that lidocaine is only indicated for use in a dermal patch for the treatment of neuropathic pain and notes that any other formulation of lidocaine, including creams, lotions or ointments, are not recommended. The guidelines recommend the use of capsaicin when the patient is intolerant to or has failed trials of other medications. As the requested medication contains ketoprofen and lidocaine, which are not recommended, and also contains capsaicin, but there is no documentation that the patient is intolerant to or had failed treatment with other medications; the requested compounded medication does not meet the guideline recommendations. The request for a compound medication of Ketoprofen 25%/Lidocaine 5%/Menthol 5%/Camphor 1%/Capsaicin 0.025% is not medically necessary or appropriate.