

Case Number:	CM13-0032116		
Date Assigned:	12/20/2013	Date of Injury:	06/06/2010
Decision Date:	06/19/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/07/2013

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:

██████████ is a 56-year-old who sustained a work-related injury on August 6, 2009. She subsequently developed left wrist pain. She was found to have Left carpal tunnel syndrome, and left wrist triangular fibrocartilage complex tear. Her neurologic examination was normal. The provider request authorization for the topical analgesics mentioned below.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND MEDICATION KETOP/LIDO/CAP/TRAM (15%/1%/0.0125%/5%), PROVIDED ON SEPTEMBER 16, 2013: 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.

Decision rationale: According to the Chronic Pain Medical Treatment guidelines section Topical Analgesics, 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 Chronic Pain Medical Treatment Guidelines, any compounded

product that contains at least one drug or drug class that is not recommended is not recommended. There is no proven efficacy of topical application of the any of the component of ketop/lido/cap/tram 15% 1%.0125% 5%. Furthermore, oral form of these medications was not attempted, and there is no documentation of failure or adverse reaction from their use. More important, there is no documentation of the necessity to use a topical analgesic for pain management. The request for compound medication ketop/lido/cap/tram (15%/1%/0.0125%/5%) provided on September 16, 2013 is not medically necessary or appropriate.

COMPOUND MEDICATION CYCLO/CAPS/LIDO/KETOP (2%/0.0125%/1%/10%) PROVIDED ON SEPTEMBER 16, 2013: 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.

Decision rationale: According to the Chronic Pain Medical Treatment guidelines section Topical Analgesics, 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 Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no proven efficacy of topical application of the any of the component of cyclo/caps/lido/ketop 2%.0125% 1% 10%:. Furthermore, oral form of these medications was not attempted, and there is no documentation of failure or adverse reaction from their use. More important, there is no documentation of the necessity to use a topical analgesic for pain management. The request for compound medication cyclo/caps/lido/ketop (2%/0.0125%/1%/10%) provided on September 16, 2013 is not medically necessary or appropriate.