

Case Number:	CM13-0032333		
Date Assigned:	12/11/2013	Date of Injury:	05/07/2007
Decision Date:	04/10/2014	UR Denial Date:	09/27/2013
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 Internal Medicine, has a subspecialty in Rheumatology, and is licensed to practice in New York. 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:

The patient is a 51 year old man who was injured in 2007. His diagnoses are cervical and lumbar discopathy, status post left L5-S1 laminectomy and discectomy with residual pain, and right shoulder and right elbow pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLUR/CYCLO/CAP/LID 10% 2% 0.012% 1% SPRAY TWO TO THREE TIMES A DAY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

Decision rationale: The medical records do not document any reason why the patient is unable to take oral medications. Flurbiprofen is an oral medication and there is a lack of evidence that it is effective in topical preparations. In the MTUS, Cyclobenzaprine is a muscle relaxant and there is no evidence that it is effective topically. Capsaicin has moderate to poor efficacy and is recommended only as an option in patients who have failed or are intolerant to other treatments. The records do not document that the patient was intolerant of other treatments. Lidocaine is a

topical anesthetic. Topical lidocaine is not recommended for non-neuropathic pain in the MTUS. The only formulation of lidocaine that is recommended is the dermal patch Lidoderm, for neuropathic pain. It is not clear from the medical records whether the compounded product was prescribed for neuropathic pain or non-neuropathic pain. As such, the request is noncertified.

KETOP/LIDOC/CAP/TRAM 15% 1% 0.012/5% TWO TO THREE TIMES PER DAY:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: Ketoprofen, an NSAID, and Tramadol, a non-narcotic pain reliever, are approved for oral use and there is no evidence that they are effective in topical preparations. Ketoprofen is not FDA approved for a topical application and it has an extremely high incidence of photocontact dermatitis. There is no documentation that the patient is unable to take oral medications. MTUS guidelines state that a compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical Ketoprofen is not recommended; therefore the compounded product containing it is not recommended. As such, the request is noncertified.