

Case Number:	CM13-0032336		
Date Assigned:	12/11/2013	Date of Injury:	11/14/2011
Decision Date:	04/14/2014	UR Denial Date:	09/19/2013
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 Orthopedic Surgery, and is licensed to practice in Arizona. 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 57-year-old male who sustained an injury on October 14, 2011 which resulted in neck pain, bilateral carpal tunnel syndrome, low back pain, and right shoulder pain. He recently had a total shoulder replacement on 8/16/13. A request has been made for two different topical agents to be used in the treatment of his generalized pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETO/LIDO/CAP/TRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

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

Decision rationale: The MTUS guidelines state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended as whole. Ketoprofen is not currently FDA approved for topical application as it has a high incidence of contact dermatitis. Topical treatment can result in blood concentrations and systemic effects comparable to those from the oral form. Therefore, the medical necessity of using a compound containing ketoprofen has not been established. The request is noncertified.

FLUR/CYCLO/CAPS/LID: Upheld

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

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

Decision rationale: The MTUS guidelines state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended as whole. This product contains cyclobenzaprine. The MTUS guidelines state that there is no evidence for the use of any medical relaxant as a topical product. Therefore, the medical necessity of using a product containing cyclobenzaprine has not been established. The request is noncertified.