

Case Number:	CM13-0035355		
Date Assigned:	12/13/2013	Date of Injury:	04/09/2003
Decision Date:	02/28/2014	UR Denial Date:	09/14/2013
Priority:	Standard	Application Received:	10/16/2013

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

for orthopedic condition. The diagnosis was opined as cervical spine pain and left upper extremity radiculopathy with complex regional pain syndrome (CRPS) improved by patient report. Treatment was recommended and included Naprosyn, Ultram, opioid medication, physical therapy and acupuncture. An MRI of 4/3/13 was noted to show multi-level degenerative joint disease and foraminal stenosis at C5-6 and C6-7. A 9/6/13 evaluation by [REDACTED] noted persistent pain of the left upper extremity with reported reduced range of motion associated with decreased sensation and weakness of the upper extremity. Diagnoses of cervical spine pain, left cervical radiculopathy, left arm CRPS with a history of left shoulder arthroscopic decompression and carpal tunnel release were noted. Topical cream composed of 20% ketoprofen/capsaicin 0.0375%/menthol 10% was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen/Capsaicin/Menthol 20%/0.0375%/10% compounded cream: 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.

Decision rationale: The current California Chronic Pain Medical Treatment Guidelines regarding compounded topical analgesics state that any compounded product that contains at least one non-recommended drug or drug class is not recommended. The guidelines state that ketoprofen is currently not FDA approved for topical use due to extremely high incidence of photo contact dermatitis. Capsaicin is recommended only as an option for patients who have not responded to other treatments. The medical records provided for review do not demonstrate a failure of systemic agents for this patient's condition due to inefficacy or side effects. As any compounded product that contains at least one drug that is not recommended is not supported, then the topical compound cream requested is not supported by the MTUS guidelines. Therefore, the requested compounded cream is not medically necessary or appropriate at this time.