

Case Number:	CM13-0037674		
Date Assigned:	12/18/2013	Date of Injury:	10/25/2007
Decision Date:	02/13/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/24/2013

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 & Rehabilitation, has a subspecialty in Pain Management 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. 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 53-year-old female who reported an injury on 10/27/2007. The mechanism of injury was not provided in the medical records. Her diagnoses are noted to include carpal tunnel syndrome and ankle sprain. She was seen on 02/26/2013 for a preoperative visit. Her physical exam findings did not include any musculoskeletal deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flur/Cyclo/Caps/Lido 10%/2%/0.0125%/1%/120gm #1: 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: According to California MTUS Guidelines, topical analgesics are largely experimental in use with limited evidence determining efficacy and safety. They are primarily recommended to treat neuropathic pain when trials of antidepressants and anticonvulsants have failed. Additionally, guidelines state if any drug or drug class contained in a topical compound is not recommended, the compound is not recommended. The Guidelines indicate that topical

NSAIDs may be recommended to treat osteoarthritis for short periods. Guidelines state there is no evidence for use of muscle relaxants as topical products. Capsaicin is recommended only as an option for patients who are intolerant to other treatments or have not responded to oral medications. Topical lidocaine is used in the treatment of post herpetic neuralgia and diabetic neuropathy; however, the only FDA-approved topical formulation of lidocaine is the Lidoderm patch. The patient was not noted to have neuropathic pain. Additionally, there was no documentation provided of failure of antidepressants or anticonvulsants. Moreover, the compounded topical product contains topical agents that are not recommended. For these reasons, the request, Flur/Cyclo/Caps/Lido 10%/2%/0.0125%/1%/120gm #1 DOS 9-27-13 is non-certified.

Ketop/Lidoc/Cap/Tram 15%/1%/0.012%/5% 120gm #1: 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: According to California MTUS Guidelines, topical analgesics are largely experimental in use with limited evidence determining efficacy and safety. They are primarily recommended to treat neuropathic pain when trials of antidepressants and anticonvulsants have failed. Additionally, guidelines state if any drug or drug class contained in a topical compound is not recommended, the compound is not recommended. The Guidelines indicate that topical NSAIDs may be recommended to treat osteoarthritis for short periods. Additionally, ketoprofen is not currently FDA-approved for topical application due to its high incidence of photocontact dermatitis. Capsaicin is recommended only as an option for patients who are intolerant to other treatments or have not responded to oral medications. Topical lidocaine is used in the treatment of post herpetic neuralgia and diabetic neuropathy; however, the only FDA-approved topical formulation of lidocaine is the Lidoderm patch. The patient was not noted to have neuropathic pain. Additionally, there was no documentation provided of failure of antidepressants or anticonvulsants. Moreover, the compounded topical product contains topical agents that are not recommended. For these reasons, the request, Ketop/Lidoc/Cap/Tram 15%/1%/0.012%/5% 120gm #1 DOS 9-27-13 is non-certified.