

Case Number:	CM13-0041317		
Date Assigned:	12/20/2013	Date of Injury:	08/11/2012
Decision Date:	02/10/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	10/11/2013

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 and Rehabilitation, 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 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:

This is a 55 year-old male who injured his lower back at work on 8/11/12. He has been diagnosed with thoracolumbar discopathy. The Independent Medical Review application shows a dispute with the 9/10/13 Utilization Review decision for Ketoprofen powder, lidocaine powder, glycerin, capsaicin powder, tramadol powder for 1/16/13, and cyclobenzaprine powder, capsaicin powder, glycerin and flurbiprofen power for 1/16/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen powder 18/g Glycerin Liquid 36ml/ Lidocaine HCL powder 1.2gm/ Capsaicin powder 0.0144gm/Tramadol HCL powder 6gm quantity 120;DOS:1-16-13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The powdered form of Ketoprofen, tramadol and capsaicin and the glycerin liquid appear to be for a topical compound. There are no medical reports provided for IMR that discuss the compounds or rationale for the powder. California Medical Treatment Utilization Schedule (MTUS) states Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. California Medical Treatment Utilization

Schedule (MTUS) states Ketoprofen is not Food and Drug Administration approved for topical application. Any compounded topical containing Ketoprofen would not be recommended.

Cyclobenzaprine HCL Powder 2.4 / Capsaicin Powder 0.15gm / Lidocaine Powder 1.2gm / Glycerin Liquid 30ml Flurbiprofen Powder 12gm: Quantity: 120; DOS 1-16-13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The powdered form of cyclobenzaprine, lidocaine, flurbiprofen and capsaicin and the glycerin liquid appear to be for a topical compound. There are no medical reports provided for Independent Medical Review that discuss the compounds or rationale for the powder. California Medical Treatment Utilization Schedule (MTUS) states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." California Medical Treatment Utilization Schedule (MTUS) states, "Flurbiprofen is a Nonsteroidal anti-inflammatory drug (NSAID) and there is little evidence to utilize topical Nonsteroidal anti-inflammatory drugs (NSAIDs) for treatment of osteoarthritis of the spine, hip or shoulder." The only diagnosis provided was thoracolumbar discopathy. California Medical Treatment Utilization Schedule (MTUS) does not recommend topical Nonsteroidal anti-inflammatory drugs (NSAIDs) for the spine, so Any compounded topical containing Flurbiprofen for the spine, would not be recommended. California Medical Treatment Utilization Schedule (MTUS) also states that other than the Lidoderm patch, "No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." any compounded topical with Lidocaine would not be recommended. The request is not in accordance with California Medical Treatment Utilization Schedule (MTUS) guidelines.