

Case Number:	CM13-0041592		
Date Assigned:	12/20/2013	Date of Injury:	05/07/2007
Decision Date:	03/20/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/29/2013

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 Anesthesiology, has a subspecialty in Pain Management 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:

The patient is a 52-year-old male who reported injury on 05/07/2007. The mechanism of injury was stated to be the patient fell off company equipment at a customer's location. He slipped off debris that was on the unit while backing the equipment off. The patient underwent a C4-7 anterior cervical microdiscectomy and C5-7 anterior cervical fusion on 09/20/2013. The most recent physical examination revealed the patient had tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm. The axial loading compression test and Spurling's maneuver were positive. There was painful and restricted range of motion. There was dysesthesia at C5 to C7 dermatomes. The examination of the lumbar spine revealed the patient had tenderness at the lumbar paravertebral muscles with spasms. There was limited lumbar range of motion. The seated root test was positive. Nerve root test was positive. There was dysesthesias at L5 and S1 dermatomes. The patient's diagnoses included cervical/lumbar discopathy, status post left L5-S1 L&D, rule out internal derangement of the right should and right elbow, and status posterior C4-C7 hybrid cervical reconstruction. The request was made for a refill of 2 topical sprays.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded Ketoprofen 15%/Lidocaine 1%/Capsaicin .012%/Tramadol 5% spray:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Capsaicin, Tramadol, information from the FDA Page(s): 111-113, 28, 82.

Decision rationale: California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm 5% patch, there is no other FDA approved topical formulation of lidocaine. Capsaicin is only recommended as an option for patients who have failed to respond to first line therapies. There was a lack of documentation indicating the objective functional benefit of this medication and documentation of an objective decrease in the VAS score with use of the sprays. There was a lack of documentation per the submitted request for the quantity of medication being requested. There was a lack of documentation indicating exceptional factors to warrant nonadherence to guideline recommendations as multiple components in this spray are not FDA approved or California MTUS Guidelines approved. This requested topical analgesic is not medically necessary.