MAXIMUS Federal Services

Case Number:	CM13-0043166		
Date Assigned:	12/27/2013	Date of Injury:	04/01/2008
Decision Date:	04/10/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/31/2013

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 Orthopaedic Surgery, 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 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:

This 58-year-old female application developer sustained an industrial injury relative to repetitive work duties with date of injury 4/1/08. The patient was diagnosed with chronic cervical and bilateral shoulder strain, right lateral epicondylitis, and bilateral carpal tunnel syndrome. The 6/11/13 treating physician report cited increasing bilateral upper extremity symptoms with paresthesias, numbness, and dropping items. The patient reported an upset stomach with naproxen but she continued to use it as it provided functional benefit. Prior authorization for carpal tunnel releases was noted but surgery had been delayed for work schedule reasons. Bilateral wrist exam findings documented positive Phalen's and Tinel's signs, dysesthesia in the radial digits, and pain with terminal flexion. The diagnosis was bilateral carpal tunnel syndrome. The treatment plan recommended bilateral carpal tunnel release, beginning with the left. Medications were prescribed including naproxen, cyclobenzaprine, Ondansetron, omeprazole, Medrox ointment, and Tramadol ER capsules. The 9/11/13 bilateral upper extremity EMG/NCV showed findings consistent with mild bilateral carpal tunnel syndrome. Records indicate multiple past prescriptions for compounded topical medications for a diagnosis of generalized pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded Medication of Ketoprofen powder 18g, Glycerin liquid 36ml, Lidocaine HCL powder 1.2g, Capsaicin Powder 0.144g, Tramadol HCL powder 6g: 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 request under consideration is for compounded medication of Ketoprofen powder 18 g, Glycerin liquid 36 ml, Lidocaine HCL powder 1.2 g, Capsaicin powder 0.144 g, and Tramadol HCL powder 6 g. The California MTUS guidelines for topical analgesics state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Guidelines state that Ketoprofen is not currently FDA-approved for topical application due to an extremely high incidence of photo contact dermatitis. Topical Lidocaine is only recommended for neuropathic pain in the dermal patch formulation. No other formulations (cream, lotions, or gels) are indicated for neuropathic pain. Lidocaine is not recommended for non-neuropathic pain. Capsaicin is recommended only as an option for patients who have not responded or are intolerant to other treatments. There is no evidence based medical support for the safety or efficacy of topical Tramadol. Guideline criteria have not been met for the use of all of the individual components of this topical compound. There is no guideline support for the use of topical Ketoprofen, Lidocaine, capsaicin, or Tramadol for this patient. Records indicate that the patient has been prescribed oral Tramadol and has benefited from oral anti-inflammatory medications. Therefore, this request for compounded medication of Ketoprofen powder 18 g, Glycerin liquid 36 ml, Lidocaine HCL powder 1.2 g, Capsaicin powder 0.144 g, and Tramadol HCL powder 6 g is not medically necessary.

Compounded Medication of Lidocaine HCL powder 4.8g, Ketoprofen powder 24g, Carbamazepine powder 6g: 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 request under consideration is for compounded medication of Lidocaine HCL powder 4.8g, Ketoprofen powder 24g, and Carbamazepine powder 6g. The California MTUS guidelines for topical analgesics state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Lidocaine is only recommended for neuropathic pain in the dermal patch formulation. No other formulations (cream, lotions, or gels) are indicated for neuropathic pain. Lidocaine is not recommended for non-neuropathic pain. Guidelines state that Ketoprofen is not currently FDA-approved for topical application due to an extremely high incidence of photo contact dermatitis. Relative to Carbamazepine, guidelines state that there is no evidence for use of any anti-epilepsy product as a topical product. Guideline criteria have not been met for use of all of the individual components of this topical compound. Record indicate that the patient has benefited from oral anti-inflammatory medication. There is no guideline support for the use of topical Lidocaine, Ketoprofen, or Carbamazepine for this patient. Therefore, this request for compounded

medication of Lidocaine HCL powder 4.8g, Ketoprofen powder 24g, and Carbamazepine powder 6g is not medically necessary.