MAXIMUS Federal Services

Case Number:	CM13-0043222		
Date Assigned:	12/27/2013	Date of Injury:	03/01/2010
Decision Date:	02/25/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/22/2013

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, has a subspecialty in Pain Medication and is licensed to practice in 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 50-year-old male who reported an injury on 03/01/2010. The injury was noted to have occurred when the patient was pulling a large piece of metal that weighed 110 pounds from the center of a coil. The patient's diagnoses included cervical sprain/strain, lumbosacral sprain/strain, and status post left knee arthroscopy on 09/25/2012. The clinical information submitted for review indicates the patient has a history of liver problems and therefore, utilizes topical analgesics rather than oral medications. His topical medications are noted to include capsaicin 0.0375% with menthol 10% and a topical compound including gabapentin, ketoprofen, and lidocaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review for Gaba/keto/lido 60gm QTY: 1:00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Medications, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: According to the California MTUS Guidelines topical analgesics are largely experimental in use with limited evidence demonstrating efficacy and safety. Specifically, the guidelines state for topical compounds, if a compounded product that contains any drug that is not recommended the topical compound is not recommended. Guidelines specify that ketoprofen is not FDA approved for topical use as it has an extremely high incidence of photocontact dermatitis. Additionally, gabapentin is also not recommended by the guidelines as there is no peer-reviewed literature to support its use. Moreover, the only FDA approved formulation of topical lidocaine is in the form of the Lidoderm topical patch. Therefore, the topical compounded product containing gabapentin, ketoprofen, and lidocaine is not supported by evidence-based guidelines.

Retrospective review for Capsacin 60gm QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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 few randomized controlled trials to determine efficacy or safety. Moreover, the guidelines indicate any compounded product that contains at least one drug that is not recommended is not recommended. Guidelines specify that topical capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. As the patient was noted to have liver problems and therefore, uses a topical analgesic rather than oral medications, topical capsaicin use would be supported by guidelines. However, guidelines specify there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. As the patient is noted to be using a formulation of capsaicin noted as 0.0375%, it is not supported by the evidence-based guidelines. As such, the request is non-certified.