

Case Number:	CM13-0044713		
Date Assigned:	12/27/2013	Date of Injury:	04/12/2007
Decision Date:	08/07/2014	UR Denial Date:	10/03/2013
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 Orthopedic 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 is a 49-year-old female who sustained an injury to her low back, elbows, cervical spine, and upper extremities on 4/12/07. The clinical records for review include a 9/30/13 authorization request for two topical compounding creams. The previous assessment for review, dated 8/6/13, did not document any physical examination findings and also requested the agents as outlined. Going back to the assessment dated 6/18/13 noted chronic neck complaints with upper extremity numbness and tingling and an underlying diagnosis of migraine headaches. Physical examination showed tenderness to palpation of the cervical spine, limited range of motion and dysesthesias in a C6 distribution. The medical records did not contain any imaging reports or documentation of treatment. There are current requests for a compounded agent to include Flurbiprofen, Cyclobenzaprine, Capsaicin, and Lidocaine as well as a second topical containing Ketoprofen, Lidocaine, Capsaicin, and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND MEDICATION: FLUR/CYCLO/CAPS/LID 120 ML WITH 2 REFILLS:

Upheld

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

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

Decision rationale: Based on California MTUS Chronic Pain Guidelines, topical compound containing Flurbiprofen, Cyclobenzaprine, Capsaicin, and Lidoderm would not be indicated. The Chronic Pain Guidelines recommend that if any one agent is not recommended, the agent as a whole is not supported. Currently, the use of muscle relaxants including Cyclobenzaprine are not supported in the topical setting. Lidocaine and Capsaicin are only recommended as second line agents after failure of more first line agents for both neuropathic pain and chronic pain. The use of this topical compound would, thus, not be indicated as medically necessary.

COMPOUND MEDICATION: KETO/LIDO/CAP/TRAM 120 ML WITH 2 REFILLS:
Upheld

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

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

Decision rationale: California MTUS Chronic Pain Guidelines do not support the topical compound containing Ketoprofen, Lidocaine, Capsaicin, and Tramadol. The Chronic Pain Guidelines state that Ketoprofen is currently not an FDA-approved agent in the topical setting due to the high incidence of photosensitivity dermatitis. The use of this topical compound containing a non-FDA-approved agent would not be supported as medically necessary.