

Case Number:	CM13-0044864		
Date Assigned:	12/27/2013	Date of Injury:	03/01/2007
Decision Date:	02/28/2014	UR Denial Date:	10/17/2013
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 Internal Medicine & Pulmonary Diseases 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:

The patient is a 58-year-old female who reported an injury on 03/01/2007. The mechanism of injury was not specifically stated in the medical records. The patient's diagnoses include left knee internal derangement, right knee internal derangement, cervical myoligamentous injury with bilateral upper extremity radicular symptoms, right shoulder internal derangement, left shoulder internal derangement, carpal tunnel syndrome, and medication-induced gastritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded Ketoprofen 20% in PLO Gel, 120 grams: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 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. These medications are most often recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Additionally, use of compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specified therapeutic goal

required. Specifically, the California MTUS Guidelines indicate that ketoprofen is not currently FDA approved for topical application as it has an extremely high incidence of photo contact dermatitis. Therefore, the request for Compounded Ketoprofen 20% in PLO Gel, 120 grams is not supported.

Compounded Cyclophene 5% in PLO Gel 120 gram: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 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. These medications are most often recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Additionally, use of compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specified therapeutic goal required. The specific analgesic effect of Cyclophene was not provided in the medical records, nor was it indicated how it would be useful for the specific therapeutic goal. In the absence of this information, a recommendation cannot be made for use of this topical agent. Additionally, the clinical information submitted for review did not provide clear documentation regarding a trial of an oral antidepressant or anticonvulsant. In the absence of this documentation, the request is not supported.