

Case Number:	CM13-0054819		
Date Assigned:	12/30/2013	Date of Injury:	04/13/2011
Decision Date:	05/15/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/20/2013

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 Occupational Medicine, 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic knee, shoulder, wrist, and neck pain with derivative psychological stress and reflux reportedly associated with an industrial injury of April 13, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; earlier carpal tunnel release surgery; knee arthroscopy; unspecified amounts of physical therapy; topical compounded agents; and knee corticosteroid injections. In a Utilization Review Report of October 31, 2013, two topical compounded creams were denied. The applicant's attorney subsequently appealed. On August 1, 2012 progress note was notable for comments that the applicant was using variety of oral and topical agents, including extra strength Vicodin, tramadol, Xanax, Ketoprofen, and topical compounded Ketoprofen-gabapentin-tramadol agents. The applicant was not working at that point in time. Several other notes interspersed throughout the life of the claim were reviewed. These notes did not detail the applicant's complete medication list, however. An August 8, 2013 progress note was notable for comments that the applicant was using oral Norco for pain relief and that the applicant was pending right knee surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol topical cream 30mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted in the MTUS-Adopted ACOEM guidelines in Chapter 3, page 47, Oral pharmaceuticals are a first line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds such as the tramadol containing compound here, which are, as a class "largely experimental" per 111 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant was described on an office visit of August 8, 2013 as successfully using oral Norco, effectively obviating the need for topical compound in question. Therefore, the request is not certified.

Ketoprofen topical cream 30mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketoprofen Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, Ketoprofen is not recommended for topical compound formulation purposes. It is not approved for topical compound formulation purposes by the FDA owing to a high incidence of photo dermatitis. As with the other topical compound, the applicant's successful usage of Norco effectively obviates the need for this topical compound, it is further noted. Accordingly, the request is not certified, for all of the stated reasons.