

Case Number:	CM13-0055222		
Date Assigned:	12/30/2013	Date of Injury:	12/30/2001
Decision Date:	08/21/2014	UR Denial Date:	11/08/2013
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 57-year-old female who reported an injury on 12/30/2001. The mechanism of injury was not provided in the medical records. Her diagnosis is generalized pain. Her past treatments were noted to include pain medication, topical analgesics, and left elbow surgery. On 09/05/2013, the injured worker presented with persistent bilateral elbow and wrist pain. Her medications were noted to include Prilosec, Tramadol ER, and Medrox patches. A clear rationale for the requested topical compound was not provided in the clinical records. The Request for Authorization form was submitted on 10/25/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

**COMPOUNDED TOPICAL SPRAY:
KETOPROFEN/LIDOCAINE/CAPSAICIN/TRAMADOL (15%/1%/0.0125%) (15 DAY
SUPPLY):** Upheld

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

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

Decision rationale: The request is not medically necessary. According to the California MTUS Guidelines, topical analgesics are largely experimental in use with limited evidence demonstrating efficacy and safety; and are primarily recommended to treat neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that any compounded product that contains at least one drug that is not recommended is also not recommended. Concerning topical Ketoprofen, the guidelines state that Ketoprofen is not FDA-approved as a topical formulation due to its extremely high incidence of photo contact dermatitis. Concerning lidocaine, the guidelines state that lidocaine is only FDA-approved in the formulation of a Lidoderm patch to treat neuropathic pain, and no other commercially approved products such as creams, or gels) are indicated. Concerning capsaicin, the guidelines state that topical capsaicin is recommended only as an option in patients who have not responded or were intolerant to other treatments. The clinical information submitted for review indicated that the injured worker does have neuropathic pain related to her bilateral elbows and wrists. However, there was inadequate documentation showing that she was nonresponsive or intolerant to first-line medications to warrant use of topical capsaicin. In addition, topical Ketoprofen and lidocaine cream are not supported by the guidelines. As the topical compound contains Ketoprofen, lidocaine, and capsaicin, which are currently not supported, the topical compound is also not supported. Therefore, the request is not medically necessary.