

Case Number:	CM13-0057395		
Date Assigned:	12/30/2013	Date of Injury:	06/01/2011
Decision Date:	06/02/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/25/2013

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 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 history sustained an industrial injury on June 1, 2011 to the bilateral wrists from repetitive work. Diagnoses included bilateral wrist tenosynovitis and carpal tunnel syndrome. Previous treatment has included medications, acupuncture, physical therapy, cockup wrist splints, corticosteroid injections, short arm splint, and bilateral spica splints. There was a Utilization Review performed on November 8, 2013 in which Ketoprofen/lidocaine 20%/12.3% topical cream 120gm and Exoten-C Lotion 120 ml were noncertified due to more generally recognized and effective medications available, and no heart clinical indication for the need of this compounded cream. It was also noted this compounded cream is not FDA approved. On September 27, 2013 complaints of bilateral wrist pain noted with pain rated at 3-4/10. She reported medications and acupuncture helped decrease pain and increased range of motion. She was given a prescription for Voltaren 100 mg #60 and Prilosec 20 mg #60 for gastric protection. On 10/28/13 the patient reported bilateral wrist pain rated at 3-4/10 with medications and therapy. A prescription was given for omeprazole 20 mg #60 for gastric protection, ketoprofen/lidocaine 20%/12.3% topical cream 120gm to be applied to the affected areas 2 times per day for inflammation and Exoten-C Lotion 120 ml to be applied to the affected areas to minimize pain and avoid side effects of some oral medications, as well as reduce need for narcotic alternative therapy. On November 25, 2013 it was noted the patient was working light duty. She was diagnosed with history of gastritis. On December 16, 2013 the patient reported increased pain in both wrists associated with numbness, left greater than right comments as well as weakness of the wrists. She rated her pain as 6-7/10 with medications and therapy. She reports receiving an injection in 2012, which helped. She was working light duty. Wrist exam demonstrated no soft tissue swelling. There is moderate tenderness to palpation over the extensor pollicis longus tendon area and volar aspect of both wrists, left greater than right. There is decreased range of

motion particularly in dorsiflexion. Tinel's and Phalen signs were positive. Finkelstein's test was positive. She was prescribed diclofenac sodium 100 mg #60 one tablet 2 times per day for inflammation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20%/Lidocaine 12.3% topical cream, 120gm: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines on Topical Analgesics indicates that topical medications are largely experimental in use with few randomized controlled trials to determine efficacy or safety. These are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, the medical records provided do not endorse failure of trials of oral adjuvant analgesics such as antidepressants or anticonvulsants. It is also noted this particular formulation contains lidocaine. The guidelines also indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, guidelines note that Ketoprofen is not currently FDA approved for topical application and has an extremely high incidence of photocontact dermatitis. Lidocaine is only recommended for neuropathic pain after failure of first-line therapy (tricyclic or SNRI (serotonin and norepinephrine reuptake inhibitor), antidepressants, or an AED (anti-epileptic drug) such as Gabapentin or Lyrica, and no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The medical records do not support failure of first-line oral agents in this case, and the compounded product contains agents that are not supported by evidence-based guidelines. The request for Ketoprofen 20%/Lidocaine 12.3% topical cream, 120gm is not medically necessary or appropriate.

Exoten-C lotion, 120ml: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines on Topical Analgesics indicates that topical medications are largely experimental in use with few randomized controlled trials to determine efficacy or safety. These are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, the medical records provided do not endorse failure of trials of oral adjuvant analgesics such as antidepressants or

anticonvulsants. This is a patient with bilateral wrist pain secondary to carpal tunnel syndrome. Exoten-C Lotion contains Capsaicin, which is recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical records do not support failure of first-line oral agents in this case and dose, quantity, and frequency are not specified. The request for Exoten-C lotion, 120ml is not medically necessary or appropriate.