

Case Number:	CM13-0059861		
Date Assigned:	01/15/2014	Date of Injury:	05/22/2009
Decision Date:	05/07/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	12/02/2013

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 Neurology and is licensed to practice in Arizona. 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 patient is a 54-year-old female with a date of injury on 5/22/09. Since the injury, she has suffered from back and lower extremity pain. She underwent a lumbar laminectomy on 4/4/13. The treatment has also consisted of epidural steroid injections, significant physical therapy, acupuncture and a variety of medications. These medications include muscle relaxants, opiates as well as Tramadol, Lyrica and/or Neurontin. She has become anxious, depressed and has insomnia. Her back pain has not improved. She did notice some improvement after the laminectomy which did not last. She has also been diagnosed with complex regional pain syndrome (CRPS) of the lower extremities and post-laminectomy syndrome. According to the available records on 7/3/13, the treating physician requested a prescription for compounded cream to contain Ketoprofen, Lidocaine, Tramadol and Capsaicin. She continued to take numerous medications including Zanaflex, Neurontin, Vicodin, Cymbalta and Ambien. Medical reviewer on 11/7/13 did not certify the use of this topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETOPROFEN 15%, LIDOCAINE 1%, TRAMADOL 5%, CAPSAICIN 0.0125%, 120ML: Upheld

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

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

Decision rationale: Chronic pain medical treatment guidelines state that topical compound drugs are largely experimental and are used with a few randomized control trials to determine efficacy. There is little or no research to support the use of many of these drugs. Topical non-steroidal drugs may be used for a short time for musculoskeletal disorders but not for any type of neuropathic disorder not approved by the FDA. Lidocaine is not recommended as a topical first line therapy and is recommended only as an option in patients who have not responded or intolerant to other treatment formulation. Official disability guidelines do not recommend compound drugs that are not FDA approved. This patient has wide areas of pain such as lower back and lower extremities it would not be practical to alleviate such pain with topical agents and he is already on significant amount of analgesic drugs.