

Case Number:	CM13-0060501		
Date Assigned:	12/30/2013	Date of Injury:	02/02/2004
Decision Date:	05/28/2014	UR Denial Date:	12/02/2013
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 Physical Medicine and Rehabilitation and is licensed to practice in New York. 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 64 year old female injured on 02/02/04 due to cumulative trauma. Surgical interventions included bilateral carpal tunnel release on 12/09/10 and left trigger finger release on an unspecified date. The patient has participated in 12 acupuncture treatments and 12 physical therapy visits to date. Clinical documentation indicated the patient complaining of bilateral hand and right elbow pain with continued numbness, tingling, pain, and decreased grip in bilateral hands. The patient also complained of cervical spine and thoracic spine pain. The patient utilized tramadol 50mg and Keto-Lido Ultra cream. The patient was diagnosed with carpal tunnel syndrome, right elbow ulnar neuropathy, bilateral thumb carpal metacarpal arthrosis, cervical spine strain, and lumbar spine sprain/strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETO-LIDO ULTRA CREAM PRN 240 GM WITH ONE REFILL: 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 Topical Analgesics, Page(s): 111.

Decision rationale: The Chronic Pain Medical Treatment Guidelines, state the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. This compound contains Ketoprofen which has not been approved for transdermal use. Since one or more ingredients in the compound are not recommended, the compound is not recommended. The request for Keto-Lido Ultra cream prn 240 gm with one refill is not medically necessary and appropriate.