

Case Number:	CM13-0060700		
Date Assigned:	06/13/2014	Date of Injury:	06/01/2010
Decision Date:	08/04/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/03/2013

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 Anesthesiology, Pain Medicine, and is licensed to practice in Florida. 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 male who reported an injury on 05/01/2010. The mechanism of injury was a fall. His current diagnoses include fracture right distal radius with malunion, right hand sprain/strain, lumbar spine sprain/strain, and cervical spine sprain/strain. Previous treatments include a brace, physical therapy, and medications. Within the most recent clinical note dated 10/29/2013, his symptoms were noted to be pain in the neck and low back. His objective findings included review of an MRI of the lumbar spine positive for herniated lumbar disc, cervical spine positive for herniated cervical disc, and EMG/NCV that revealed radiculopathy and bilateral carpal tunnel syndrome. The clinical note indicated that the patient's lab work showing increased liver enzymes. The treatment plan included to discontinue oral medications due to increased liver enzymes and prescriptions for flexor patches, ketoprofen, and capsaicin cream. The current request is for flector patches, ketoprofen, and capsaicin cream due to the oral medications being discontinued. The request for authorization form was provided on 10/29/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patches: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Flector[®] patch (diclofenac epolamine).

Decision rationale: The request for flector patches is non-certified. According to the Official Disability Guidelines, flector patches are not recommended as a first-line treatment. Topical diclofenac is recommended for osteoarthritis after failure of NSAIDs or contraindications to oral NSAIDs. Flector patch is FDA indicated for acute strains, sprains, and contusions. The documentation submitted for review indicated the patient had increased liver enzymes and she was instructed to discontinue her oral medications. Therefore, despite evidence the patient continued to have pain and he was instructed to discontinue his oral medications, the request would be supported by the guidelines. However, there was no documentation provided for the dosage, frequency, and quantity for the request. As such, the request for flector patches is non-certified.

Ketoprofen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for ketoprofen is non-certified. The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. As the injured worker was noted to have side effects from oral medications; the guidelines indicate that topical Ketoprofen is not approved for topical application. Therefore, the use of topical ketoprofen would not be supported by the guidelines. As such, the request for ketoprofen is non-certified.

Capsaicin cream: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for capsaicin cream is not medically necessary. The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for

neuropathic pain when trials of antidepressants and anticonvulsants have failed. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally accepted as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily for postherpetic neuralgia, diabetic neuropathy, and post-mastectomy pain). As the clinical documentation provided indicated the patient continued to have chronic pain and was instructed to discontinue her oral medications, the guidelines would support the use of capsaicin cream. As, the current request failed to indicate the frequency and dosage of for the capsaicin cream the request is not supported. As such, the request for capsaicin cream is not medically necessary.