

Case Number:	CM13-0061815		
Date Assigned:	12/30/2013	Date of Injury:	09/16/2012
Decision Date:	03/24/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation 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 physician 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:

According to the records made available for review, this is a 63-year-old female with a 9/16/12 date of injury. At the time of request for authorization for Ketolindo Cream and Meclizine 25mg, there is documentation of subjective (right shoulder pain with radiation to the right hand) and objective (restricted range of motion in the right shoulder with weakness noted) findings, current diagnoses (chronic pain syndrome, unspecified disorders bursae & tendons shoulder region, and neck sprain/strain), and treatment to date (physical therapy, acupuncture, activity modification, and medications). A 9/20/13 medical report notes that the patient was prescribed Ketolido cream. There is no documentation of nausea and vomiting, and dizziness associated with motion sickness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketolido cream: 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: Ketolido cream (Ketoprofen and Lidocaine) is a compounded topical analgesic. MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome, unspecified disorders bursae & tendons shoulder region, and neck sprain/strain. In addition, Ketolido cream contains at least one drug (ketoprofen, lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Ketolido Cream is not medically necessary.

Meclizine 25mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guidelines: www.drugs.com/meclizine.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guidelines: Food and Drug Administration (FDA).

Decision rationale: MTUS and ODG do not specifically address this issue. The FDA identifies that Meclizine is indicated for the management of nausea and vomiting, and dizziness associated with motion sickness. Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome, unspecified disorders bursae & tendons shoulder region, and neck sprain/strain. However, there is no documentation of nausea and vomiting, and dizziness associated with motion sickness. In addition, there is no documentation of the duration of treatment with Meclizine. Therefore, based on guidelines and a review of the evidence, the request for Meclizine 25mg is not medically necessary.