

Case Number:	CM13-0065572		
Date Assigned:	01/03/2014	Date of Injury:	03/09/2012
Decision Date:	06/24/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/13/2013

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, has a subspecialty in Pain Management 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:

The patient is a 51-year-old female who has submitted a claim for right 5th metatarsal fracture, right ankle and foot sprain associated with an industrial injury date of March 9, 2012. Medical records from 2013 were reviewed showing the patient having constant right foot pain and swelling that is aggravated by standing, walking, ascending and descending stairs. There is also right knee pain with swelling. The most recent examination revealed tenderness at the right anterolateral aspect of the foot with pain on terminal motion. For the right knee, there is tenderness at the right knee joint line with minimal swelling, positive patellar compression test, and pain on terminal flexion with crepitus. MRI of the right foot, dated May 4, 2013, showed mild metatarsus primus varus and hallux valgus deformity, no fractures or other focal abnormalities. MRI of the right ankle, dated May 15, 2013, revealed joint effusion, anterior talofibular ligament strain, posterior tibialis tenosynovitis, plantar fasciitis and possible impingement syndrome. MRI of the right knee showed horizontal posterior horn medial meniscus flap tear, degenerative tear of the anterior horn root attachment, adjacent anterior synovitis and fat pad scarring, and medial femoral condyle chondral fissure articular cartilage defect. Official reports of the imaging studies were not available. Treatment to date has included topical and oral medications, physical therapy, Synvisc injections, activity modification and knee surgery. Utilization review dated December 9, 2013 denied the request for Ketoprofen/Lidocaine/ Capsaicin/Tramadol 15%/1%/0.125%/5% Liq with 5 refills since guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF KETOP/LIDOC/CAP/TRAM (MED) 15%1%0.012/5% LIQ WITH 5 REFILLS (BETWEEN 12/6/13 AND 6/24/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines §9792.24.2, Page(s): 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines page 111-113 state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen is not currently FDA approved for a topical application due to extremely high incidence of photo contact dermatitis. Topical capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Lidocaine topical is only approved as a dermal patch formulation. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. It is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Tramadol is indicated for moderate to severe pain. In this case, the requested topical medication contains ketoprofen and lidocaine which are not FDA approved. Moreover, medical records indicate that the patient is already taking oral Tramadol 150mg and it is unclear why a topical preparation containing the medication would also be necessary. There was no objective evidence of intolerance to oral pain medications that would warrant the use of a topical agent. There is no discussion concerning the need for variance from the guidelines. The request for ketop/lidoc/cap/tram (Med) 15%1%0.012/5% Liq with 5 refills is therefore not medically necessary.