

Case Number:	CM14-0000654		
Date Assigned:	01/17/2014	Date of Injury:	03/25/2013
Decision Date:	06/06/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/02/2014

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 & 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 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:

This 44 year-old patient sustained an injury to her shoulder and neck on 3/25/13 while employed by [REDACTED]. Request(s) under consideration include Topical compound Ketoprofen, Lidocaine, Capsaicin, Tramadol 15%/1%/0.125% #60 (Date Of Service: 9/24/13). Conservative care has included extensive time off; topical compounds, medications, epidural steroid injection, and multiple specialty evaluations. A report of 9/10/13 from the provider noted persistent neck pain radiating to bilateral upper extremities. Exam showed positive Spurling maneuvers and diminished sensation over upper extremities. The patient remained on total temporary disability. Request(s) for Ketoprofen, Lidocaine, Capsaicin, Tramadol 15%/1%/0.125% #60 (Date Of Service: 9/24/13) was non-certified on 12/11/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETOPROFEN, LIDOCAINE, CAPSAICIN, TRAMADOL 15%/1%/0.125% #60 (DATE OF SERVICE: 9/24/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

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

Decision rationale: Per the MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic compound over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury without documented functional improvement from treatment already rendered. The topical compound Ketoprofen, Lidocaine, Capsaicin, Tramadol 15%/1%/0.125% #60 (date of service: 9/24/13) is not medically necessary and appropriate.