

Case Number:	CM14-0004663		
Date Assigned:	01/22/2014	Date of Injury:	11/27/2007
Decision Date:	04/24/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/10/2014

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 Occupational Medicine 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:

According to the records made available for review, this is a 53-year-old female with a 11/27/07 date of injury. At the time of request for authorization (12/6/13) for 1 prescription of Ketoprofen 15%, Lidocaine 1%, Capsaicin 0.125%, Tramadol 5% spray Refill:1 QTY 120 days: 30 spray 2-3 times a day to site of pain for symptoms related to the Lumbar Spine, there is documentation of subjective (low back pain) and objective (tenderness over the lumbar spine, dysesthesia at the L5 and S1 dermatomes, and weakness in the ankles and toes) findings, current diagnoses (lumbar radiculopathy, chronic pain syndrome, and status post lumbar fusion), and treatment to date (medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE KETOPROFEN 15%/LIDOCAINE 1%/CAPSAICIN 0.125%/TRAMADOL 5%
SPRAY REFILL: 1 QTY: 120 DAYS: 30: Upheld**

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation on the Goodman and Gillman's The Pharmacological Basis of Therapeutics, 11th ed. McGraw Hill, 2006. Physician's Desk Reference, 65th ed. www.RxList.com, the ODG Workers Compensation Drug Formulary, Epocrates Online, and the Monthly Prescribing Reference. .

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

Decision rationale: The MTUS Chronic Pain Guidelines indicate 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. Therefore, based on the MTUS Chronic Pain Guidelines and a review of the medical records provided for review, the request for 1 prescription of Ketoprofen 15%, Lidocaine 1%, Capsaicin 0.125%, Tramadol 5% spray Refill:1 QTY 120 days: 30 spray 2-3 times a day to site of pain for symptoms related to the Lumbar Spine is not medically necessary and appropriate.