

Case Number:	CM14-0108493		
Date Assigned:	09/16/2014	Date of Injury:	03/24/2008
Decision Date:	11/17/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/11/2014

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 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 injured worker is a 48-year-old male with a date of injury on 3/24/2008. As per the report of 4/8/14, he was noted to have constant to moderate shoulder, hip, knee, and ankle pain on the left side; constant to moderate lumbar spine pain; and constant, intermittent to slight to moderate left foot pain. An exam revealed limited range of motion and a positive straight leg-raising test for the left shoulder and lumbar spine on both sides. There was limited range of motion in the left hip and ankle, left knee pain and crepitation. The left knee magnetic resonance imaging dated 5/12/14 revealed small hemangioma in the distal femur. The left foot magnetic resonance imaging dated 1/3/14 revealed bipartite medial sesamoid bone with increased signal within the medial sesamoid bone suggestive of medial sesamoiditis, mild degenerative changes at the first metatarsophalangeal joint with a small joint effusion, and moderate degenerative changes at the first interphalangeal joint. The left shoulder magnetic resonance imaging dated 7/21/12 showed a chronic labral disruption with a 2 cm multiple loculated cyst. The left ankle magnetic resonance imaging dated 7/21/12 showed infiltration of the sinus tarsi with a subchondral cyst. The urine drug screen dated 6/30/14 was positive for Oxycodone, Tramadol, O-DesmethylTramadol, and Acetaminophen. He underwent subacromial decompression and acromioclavicular joint resection for the left shoulder with a residual posterior labral tear and cyst; left knee surgery; and left ankle surgical procedures. As per 1/9/14 report, the medications have included Dyotin, Flurbitac, Theraflex, and Keratek gel. The past treatments have included physical therapy with benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketop/Lidoc/Cap/Tram, 15% 1% 0.12/5% liq, qty: 60 refill x 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 111.

Decision rationale: According to the California Medical Treatment Utilization Schedule guidelines, topical analgesics are an option with specific indications. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Ketoprofen is not currently Food and Drug Administration approved for topical application. It has an extremely high incidence of photo contact dermatitis. Absorption of the drug depends on the base it is delivered in. Furthermore, the California Medical Treatment Utilization Schedule /Official Disability Guidelines states that the only nonsteroidal anti-inflammatory drug that is Food and Drug Administration approved for topical application is Diclofenac (Voltaren 1% Gel). Lidocaine is indicated in localized neuropathic pain after there has been evidence of a trial of first-line therapy (tri-cyclic or serotonin-norepinephrine reuptake inhibitors anti-depressants or an antiepileptic drugs such as gabapentin or Lyrica). Topical Lidocaine, in the formulation of a dermal patch Lidoderm has been designated for orphan status by the Food and Drug Administration for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The Topical Analgesic Capsaicin is recommended only as an option in injured workers who have not responded or are intolerant to other treatments. Per the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Thus, the request is not medically necessary per guidelines.