MAXIMUS Federal Services

Case Number:	CM14-0109247		
Date Assigned:	08/01/2014	Date of Injury:	10/29/2011
Decision Date:	09/24/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/14/2014

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:

The patient is a 56-year-old male who has submitted a claim for cervical discopathy, lumbar spine discopathy, carpal tunnel syndrome, bilateral knees internal derangement, bilateral plantar fasciitis, associated with an industrial injury date of October 29, 2011. Medical records submitted for review have no available progress reports. Treatment to date has included multiple sinus surgeries and medications. Utilization review from June 19, 2014 denied the request for the purchase of Ketoprofen/Lidocaine/Capsaicin/Tramadol 15%/10%/0.012%/5% liquid #60 because much of the handwritten documentation was illegible. The most recent clinical documentation was from August 2013. It was not possible to ascertain medical necessity for this request without current documentation.

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%10%0.012%/5% Liquid #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesica.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Capsaicin, topical Page(s): 111-113, 28.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Ketoprofen is not recommended for topical use as there is a high incidence of photo contact dermatitis. Topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. The Chronic Pain Medical Treatment Guidelines states that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments. The topical formulation of Tramadol does not show consistent efficacy. In this case, the medical records submitted and reviewed failed to provide rationale for the compounded medication. The medication likewise contains components, i.e., Ketoprofen, Lidocaine, and Tramadol that are not recommended for topical use. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Therefore, the request for Ketoprofen/Lidocaine/Capsaicin/Tramadol 15%10%0.012%/5% Liquid, sixty count, is not medically necessary or appropriate.