

Case Number:	CM14-0012332		
Date Assigned:	02/21/2014	Date of Injury:	08/20/2012
Decision Date:	07/22/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/30/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 51-year-old female with a 8/20/12 date of injury. The mechanism of injury was not noted. In a progress note dated 8/14/13 the patient complained of pain in the right lower extremity radiating to the toes of the right foot. She noted severe back pain, neck pain, numbness, pins and needles, and right leg shooting pain with pins and needles sensations in her left arm. Medication helps relieve her pain, her pain is worse with physical exertion. Objective findings: tenderness in the cervical spine and in the posterolateral region of the cervical spine. She is tender in the midline of the suboccipital region and tender in the left suboccipital region. Diagnostic impression: cervical strain with radiculopathy, left shoulder strain with impingement, left elbow strain and lateral epicondylitis, left wrist sprain, and carpal tunnel syndrome. Treatment to date: medication management, activity modification, chiropractic treatment. A UR decision dated 12/31/13 denied the requests for ketoprofen cream and tramadol cream. The patient was recommended to be weaned from her continued opioid analgesics with the anticipation of complete conversion to over-the-counter products. There was no documentation of specific topical prescription medications being added or substituted in the treatment regimen. Current guidelines do not support the clinical efficacy and medical necessity of topical application of the NSAID drug ketoprofen and/or the narcotic analgesic agent tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETOPROFEN 20PCT 150GM CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter-Topical analgesics agents.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other Antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen in a topical formulation is not supported by MTUS guidelines. A specific rationale identifying why Ketoprofen cream would be required in this patient despite lack of guidelines support was not identified. Therefore, the request for Ketoprofen 20pct 150gm cream was not medically necessary.

TRAMADOL 20PCT 150GM CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter-Topical analgesics agents.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. There is no documentation in the progress notes reviewed discussing the use of topical tramadol cream in this patient. Furthermore, there is no discussion in the reports provided addressing the addition of a topical analgesic medication. Therefore, the request for Tramadol 20pct 150gm cream was not medically necessary.