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| Case Number: | CM14-0131721 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 10/02/2005 |
| Decision Date: | 10/23/2014 | UR Denial Date: | 07/18/2014 |
| Priority: | Standard | Application Received: | 08/18/2014 |

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 Internal 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 injured worker is a 53-year-old female who reported injuries due to a golf cart accident on 10/02/2005. On 06/10/2014, the progress was handwritten and difficult to read. Her diagnoses included cervical spine sprain/strain, bilateral shoulder IS, and thoracic sprain/strain; the rest was illegible. The plan included 2 compounded creams, Cyclo/keto/lido cream and Ami/tramadol cream. There was no rationale included in this injured worker's chart. A Request for Authorization, dated 06/16/2014, was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclo/keto/lido Cream 240mg, Refills: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

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

Decision rationale: The request for Cyclo/keto/lido Cream 240mg, Refills: 1 is not medically necessary. The California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have

failed. Many agents are compounded for pain control, including NSAIDs. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen is not currently FDA approved for topical application in humans. It has an extremely high incidence of photo-contact dermatitis. Additionally, the body part or parts to which this cream would have been applied was not included in the request. Therefore, this request for Cyclo/keto/lido Cream 240mg, Refills: 1 is not medically necessary.

Ami/tramadol cream 240gm, Refills: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

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

Decision rationale: The request for Ami/tramadol cream 240gm, Refills: 1 is not medically necessary. The California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded for pain control, including opioids and antidepressants. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There was no evidence in the submitted documentation that this injured worker had failed trials of antidepressants or anticonvulsants. The guidelines do not support the use of topical opioids. Furthermore, the body part or parts to have been treated were not included in the request. Therefore, this request for Ami/tramadol cream 240gm, Refills: 1 is not medically necessary.