

Case Number:	CM14-0021089		
Date Assigned:	05/05/2014	Date of Injury:	04/05/2013
Decision Date:	07/25/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/20/2014

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 Maryland and 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 51-year-old male with a 4/5/13 date of injury, when he sustained a fracture to the radial head of the left elbow after a slip and fall. On 11/7/13 there were complaints of left shoulder pain, with reduced range of motion. Topical medications were dispensed on 11/27/13 in order to treat left radial head fracture, left shoulder sprain, left wrist sprain and left arm sprain. Treatment to date has included PT, modified duties, acupuncture, chiropractic care, home exercise program, PO and topical medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE FLURBIPROFEN/CAPSAICIN/MENTHOL/CAMPHOR DOS

11/27/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL COMPOUNDED MEDICATIONS Page(s): 121-122.

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

Decision rationale: The medical necessity for the requested topical Flurbiprofen/Capsaicin/Menthol/Camphor is not established. There is no discussion of failure of

PO medications, and the patient was also prescribed NSAIDs, muscle relaxants, Tramadol, and Gabapentin. California MTUS Chronic Pain Medical Treatment Guidelines state 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. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. It has not been discussed that prescribed PO medications have failed, there is intolerability to PO medications, or why guideline accepted topicals were not considered. Furthermore, duration of use and frequency has not been documented. Therefore the request is not medically necessary.

RETROSPECTIVE KETOPROFEN/CYCLOBENZAPRINE/LIDOCAINE DOS:

11/27/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Compounded Topical Medications Page(s): 121-122.

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

Decision rationale: The medical necessity for the requested topical Ketoprofen/Cyclobenzaprine/Lidocaine is not established. There is no discussion of failure of PO medications, and the patient was also prescribed NSAIDs, muscle relaxants, Tramadol, and Gabapentin. California MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), baclofen and other muscle relaxants 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. It has not been discussed that prescribed PO medications have failed, there is intolerability to PO medications, or why guideline accepted topicals were not considered. Furthermore, duration of use and frequency has not been documented. Therefore the request is not medically necessary.