

Case Number:	CM14-0031612		
Date Assigned:	06/20/2014	Date of Injury:	11/14/2011
Decision Date:	07/17/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/12/2014

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 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:

According to the records made available for review, this is a 57-year-old male with an 11/14/11 date of injury. At the time (1/14/14) of the request for authorization for Ketoprofen powder/Glycerin liquid/Lidocaine HCL powder/Capsaicin powder/Tramadol HCL powder (times 2) and Cyclobenzaprine HCl powder/Capsaicin powder/Lidoderm powder/Glycerin liquid/Flurbiprofen powder (times 2), there is documentation of subjective and objective findings. Subjective findings consist of persistent pain of the neck, right shoulder pain, and symptomatology unchanged in the bilateral hands/wrists, lumbar spine, and bilateral feet. Objective findings indicate cervical spine paravertebral muscle spasm, positive axial loading compression test, tenderness at the right shoulder, limited range of motion and weakness of the right shoulder, positive palmar compression test subsequent to Phalen's maneuver, positive Tinel's in the median nerve distribution, tenderness at the lumbar paravertebral muscles, pain with terminal motion, seated nerve root test is positive, pain and tenderness in the heel cord as well as into the plantar soles and aspects of the feet. Current diagnoses are cervical discopathy, lumbar discopathy/segmental instability, status post right shoulder replacement 8/16/13, bilateral carpal tunnel syndrome/double crush syndrome and bilateral plantar fasciitis. Treatments to date are exercise therapy and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen powder /Glycerin liquid/Lidocaine HCl powder/Capsaicin powder/Tramadol HCL powder (x2): Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; 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; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of cervical discopathy, lumbar discopathy/segmental instability, status post right shoulder replacement 8/16/13, bilateral carpal tunnel syndrome/double crush syndrome, and bilateral plantar fasciitis. However, the requested Ketoprofen powder/Glycerin liquid/Lidocaine HCL powder/Capsaicin powder/Tramadol HCL powder (times 2) contains at least one drug (ketoprofen, lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Ketoprofen powder/Glycerin liquid/Lidocaine HCL powder/Capsaicin powder/Tramadol HCL powder (times 2) is not medically necessary.

Cyclobenzaprine HCl powder/Capsaicin powder/Lidoderm powder/Glycerin liquid/Flurbiprofen powder (x2): Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; 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; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of cervical discopathy, lumbar discopathy/segmental instability, status post right shoulder replacement 8/16/13, bilateral carpal tunnel syndrome/double crush syndrome, and bilateral plantar fasciitis. However, the requested Cyclobenzaprine HCl powder/Capsaicin powder/Lidoderm powder/Glycerin liquid/Flurbiprofen powder (times 2) contains at least one drug (cyclobenzaprine, lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Cyclobenzaprine HCl powder/Capsaicin powder/Lidoderm powder/Glycerin liquid/Flurbiprofen powder (times 2) is not medically necessary.

