

Case Number:	CM14-0034292		
Date Assigned:	07/23/2014	Date of Injury:	01/30/2012
Decision Date:	11/03/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/19/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 57 year old male who sustained an industrial injury on 1/30/2012. He twisted his back while lifting a vacuum. He is status post lumbar microdiscectomy surgery in May 2013. A prior peer review dated 3/17/2014 non-certified the request for 1. Retro meds: a) Ketoprofen, b) Lidoderm base, Ketoprofen, c) Cyclobenzaprine, d) Capsaicin, e) Menthol f) Camphor, Lidoderm base; and 2. Urine drug testing (retro). The medical necessity of the retrospective compounded topical and UDS was not established. According to the progress report dated 2/6/2014, the patient has back pain radiating down the posterior right leg to foot. He also has left leg pain to the level of the knee. He had back surgery in 5/2013. He has persistent numbness of the legs, but less leg pain since surgery. Current medications are Lyrica and Soma. Upon physical examination, there is bilateral tenderness and spasms at L3-L5 paraspinal muscles, 5+ and equal motor strength, pain localized to facet joint with lumbar extension, pain with palpation of bilateral SI joints, positive Faber sign, decreased lumbar ROM, positive right more than left SI compression test, decreased sensory to pin-prick along right lateral leg, symmetric DTRs, and slight limp. Work status is return to modified work. Assessment lumbar disc disease and lumbar radiculopathy. Prescribed Flexeril #60, continue ketoprofen creme 20%, soma stopped, and continue Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ketoprofen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the CA MTUS guidelines, Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Only FDA approved are recommended. As per the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request is not medically necessary.

Retrospective Lipoderm base Ketoprofen: 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: According to the CA MTUS guidelines, Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Only FDA approved are recommended. As per the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request is not medically necessary.

Retrospective Cyclobenzaprine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the CA MTUS guidelines, topical analgesics are considered to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state muscle relaxants, such as cyclobenzaprine, are not recommended in topical formulation. As per the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request is not medically necessary.

Retrospective Capsaicin: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the guidelines, Capsaicin may be recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical records do not establish he is intolerant to standard oral therapies. Furthermore, the other components of this topical product are also not recommended under the guidelines. The CA MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The medical necessity of this compounded topical product is not established. Therefore the request is not medically necessary.

Retrospective Menthol: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The guidelines state 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, which has not been established in this case. In addition, the medical records do not establish this patient is unable to tolerate standard oral analgesics. Also, as outlined, components of this topical product are not recommended under the guidelines. The CA MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The medical necessity of this compounded topical product is not established. The request is not medically necessary.

Retrospective Camphor Lipoderm Base: 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: The guidelines state 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, which has not been established in this case. In addition, the medical records do not establish this patient is unable to tolerate standard oral analgesics. Also, as outlined, components of this topical product are not recommended under the guidelines. The CA MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The medical necessity of this compounded topical product is not established. The request is not medically necessary.

Retrospective Urine Drug screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines Urine Drug testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing Page(s): 43.

Decision rationale: According to the CA MTUS guidelines, Urine toxicology screening should be considered for patients maintained on an opioid medication regimen when issues regarding dependence, abuse, or misuse are present. In this patient's case, the medical records do not document any current opioid regimen. The medical records do not document any aberrant or suspicious drug seeking behavior. There is no indication that a urine toxicology study is clinically indicated, and medically necessary of the retrospective request is not established. The request is not medically necessary.