

Case Number:	CM14-0045978		
Date Assigned:	07/02/2014	Date of Injury:	03/24/2010
Decision Date:	08/01/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/14/2014

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 Medicine and is licensed to practice in Texas and Florida. 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 45-year-old female who was injured on 3/24/2010. The diagnoses are neck pain, cervical spondylosis, bilateral shoulder impingement syndrome and muscle spasm. There is an associated diagnosis of anxiety. The past surgery history is significant for C4-C6 fusion. The patient completed acupuncture treatments in 2013. The electromyography/nerve conduction velocity (EMG/NCV) showed right carpal tunnel syndrome, but no cervical radiculopathy. A 2013 MRI of the cervical spine showed disc bulges and intact C4-C6 fusion. On 9/3/2013, [REDACTED] documented subjective complaints of headache, bilateral shoulder pain, neck pain and low back pain radiating down the lower extremities. A urine drug screen (UDS) was done in September 2013. The medications are Tramadol extended-release (ER), naproxen and topical compound preparation for pain and Flexeril for muscle spasm. A Utilization Review determination was rendered on 3/27/2014, recommending the non-certification for topical preparation - Ketoprofen/Lidocaine/Capsaicin/Tramadol (pcca) 15%/1%/0.012%/5% liquid #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen/Lidocaine/Capsaicin/Tramadol (pcca) 15%, 1%, 0.012%, 5% liquid, #120:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

Decision rationale: The Chronic Pain Guidelines and the Official Disability Guidelines addressed the use of compound topical analgesic preparations for the treatment of neuropathic pain and osteoarthritis. Topical analgesic preparations can be utilized in the treatment of neuropathic pain when the patient cannot tolerate or have failed treatment with first-line antidepressant and anticonvulsant medications. The guidelines recommend that medication products be tried and evaluated individually for the effectiveness. The product contains ketoprofen 15%, lidocaine 1%, capsaicin 0.012% and tramadol 5%. Tramadol is not approved in topical formulations. The record did not show that the patient has failed treatment with anticonvulsants and antidepressants. The criteria for the use of this topical preparation has not been met.