

Case Number:	CM14-0047442		
Date Assigned:	07/02/2014	Date of Injury:	11/17/2011
Decision Date:	08/21/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/15/2014

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 Emergency Medicine and is licensed to practice in 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:

This patient is a 53-year-old with a date of injury of 11/17/11. A progress report associated with the request for services, dated 03/21/14, identified subjective complaints of neck, left shoulder, and left eye pain. Objective findings included tenderness to palpation of the left eye and cervical spine. Diagnoses included cephalgia and left eye pain. Previous treatment was not listed. A Utilization Review determination was rendered on 04/15/14 recommending non-certification of FCMC cream 120 mg and Keto cream 120 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCMC cream 120 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compounded medication creams.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Topical Analgesics.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines state that topical analgesics are recommended as an option in specific circumstances. However, they do state that they are largely experimental in use 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. The ingredients of FCMC were not specified. The Guidelines further state: any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, in this case, there is no documentation of the failure of conventional therapy or recommendation for all the ingredients of the compound and therefore the medical necessity of the compounded formulation.

Keto cream 120 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compounded medication creams.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Topical Analgesics.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines state that topical analgesics are recommended as an option in specific circumstances. However, they do state that they are largely experimental in use 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. Ketoprofen is an NSAID being used as a topical analgesic. The efficacy of topical NSAIDs in osteoarthritis has been inconsistent. They have been shown to be superior to placebo during the first two weeks of treatment, but either not afterward, or with diminishing effect over another two week period. The Guidelines also state that there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. In neuropathic pain, they are not recommended, as there is no evidence to support their use. The only FDA approved topical NSAID is diclofenac. Ketoprofen is not approved and has an extremely high incidence of photocontact dermatitis and photosensitization reactions. In this case, there is no recommendation for the particular NSAID or documentation of the failure of conventional therapy or documented functional improvement for the medical necessity of ketoprofen as an NSAID topical agent.