

Case Number:	CM14-0050936		
Date Assigned:	07/07/2014	Date of Injury:	05/19/2011
Decision Date:	08/29/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/18/2014

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 and is licensed to practice in Illinois. 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 injured worker is a 41-year-old female who reported an injury on 05/19/2011. The mechanism of injury was not provided. On 04/14/2014, the injured worker presented with neck pain that radiates down to the bilateral upper extremities and low back pain that radiates down to the right lower extremity. There was also upper extremity pain in the bilateral arms. The examination of the lumbar spine noted tenderness upon palpation of the spinal vertebral area L4-S1 levels and decreased sensation along the L4-S1 dermatome of the left lower extremity. The motor exam was within normal limits in the bilateral lower extremities and there was a positive bilateral straight leg raise. Diagnoses were chronic pain, lumbar radiculitis, lumbar radiculopathy, chronic pain, and status post left carpal tunnel release. Current medications included Norco, Gabapentin, Tramadol, and Zanaflex. The provider recommended Ketoprofen/Lidocaine/Capsaicin/Tramadol cream however, the provider's rationale was not provided. The request authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 15% / Lidocaine 1% / Capsaicin 0.012 / Tramadol 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: The request for Ketoprofen/Lidocaine/Capsaicin/Tramadol is not medically necessary. The California MTUS states transdermal compounds are largely experimental in use with few randomized control trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compound product that contains at least 1 drug that is not recommended is not recommended. Topical non-steroidal anti-inflammatory drugs (NSAIDs) are recommended for osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints amenable to topical treatment. In addition, it is recommended for short-term use of 4 to 12 weeks. There is little evidence to utilize topical NSAID for treatment of osteoarthritis of the spine, hip, or shoulder. The guidelines further state that Capsaicin is used for injured workers who are intolerant or unresponsive to other medication. The guidelines also state that Lidoderm is the only topical form of lidocaine approved. The medical documents did not indicate that the injured worker was unresponsive to or was intolerant of other treatments to warrant the use of Capsaicin. Additionally, the guidelines do not recommend topical lidocaine in any other form than Lidoderm. The included medical documents lack evidence of a failed trial of antidepressants or anticonvulsants. Furthermore, any compound product that contains at least 1 drug that is not recommended is not recommended. The provider's request did not indicate the site at which the cream was intended for, the dose or the frequency in the request as submitted. As such, the request is not medically necessary.