

Case Number:	CM14-0056799		
Date Assigned:	07/09/2014	Date of Injury:	02/29/2012
Decision Date:	08/28/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/28/2014

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 & Rehabilitation, 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:

The injured worker is a 42-year-old-male suffered an industrial injury on 02-29-2012. The patient has been working for the [REDACTED] as a Police Officer. His job duty was that of a narcotics investigator who sustained gunshot wound to the right leg while driving by a bank robbery in progress. He underwent surgery consisting of having a rod placed in the right leg. Following discharge from the hospital, the patient was referred for physical therapy 2 times a week or 24 sessions. He is noted to have some residual symptomatology in his right thigh. An examination of the right leg showed tenderness in the right knee joint line & thigh. Patellar grind test is positive. Anterior drawer test and posterior pivot shift test is negative. McMurray test is positive. There is crepitus with painful range of motion (ROM). There was no clinical evidence of instability. The quadriceps and hamstrings strength is normal. There is tenderness at the right thigh, hip and knee area and pain with terminal motion. Electrodiagnostic test reveal no electroneurographic evidence of entrapment neuropathy or acute lumbar radiculopathy. The current medications are Amlodipine Benazepril, Coleeze, Gabapentin, Naproxen, Cyclobenzaprine, Hydrochlorothiazide and Tramadol Hydrochlorothiazide. The diagnoses are status-post right femur intramedullary (IM) rodding. The utilization review for Ketoprofen/Capsaicin 20%/1.25% cream #120 and Lidocaine/Hyaluronic patch 6%/0.2% cream #120 denied the request due to lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen/ Capsaicin 20%/ 1.25% cream QTY: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN.

Decision rationale: The CA MTUS/ODG Guidelines indicate the only NSAID that is FDA approved for topical application is Diclofenac (Voltaren 1% Gel). Clinical trial data suggest that Diclofenac Sodium gel (the first topical NSAID approved in the US) provides clinically meaningful analgesia in osteoarthritis patients with a low incidence of systemic adverse events. According to the CA MTUS Guidelines, topical analgesics such as Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. In this case, there is no documentation of trial and failure of other treatments. Based on the ODG/CA MTUS Guidelines and criteria as well as the clinical documentation stated above, the request for Ketoprofen/ Capsaicin 20%/ 1.25% cream qty 120.00 is not medically necessary.

Lidocaine/ Hyaluronic 6%/ 0.2% cream QTY: 120.00: 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.

Decision rationale: The CA MTUS indicate Lidocaine only in the formulation of Lidoderm patch may be considered for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). The Guidelines indicate no other commercially approved topical formulations of Lidocaine are indicated for neuropathic pain. Only FDA-approved products are currently recommended. Topically applied Lidocaine is not recommended for non-neuropathic pain. As per the Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for Lidocaine/ Hyaluronic 6%/ 0.2% cream qty 120 is not medically necessary.