

Case Number:	CM14-0062677		
Date Assigned:	07/11/2014	Date of Injury:	03/22/2000
Decision Date:	09/11/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/05/2014

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 Nevada. 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 records presented for review indicate that this 64-year-old female was reportedly injured on March 22, 2000. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated March 17, 2014, indicates that there are ongoing complaints of cervical and lumbar spine pain. The physical examination demonstrated ambulation with the assistance of a walker. Examination of the lumbar spine indicated decreased range of motion and a positive straight leg raise test. There was a decreased ankle reflex and decreased sensation in the bilateral lower extremities. Diagnostic imaging studies were not reviewed during this visit. Previous treatment is unknown. A request had been made for Ketoprofen powder 30 gm/Capsaicin powder 3.75 gm/Tramadol HCL powder 15 gm/Cyclobenzaprine powder 15 gm, Ketoprofen powder 45 gm/Lidocaine powder/Camphor Crystals 1.8 gm/Menthol Crystals/Capsaicin Powder 0.045 gm/Lidoderm base and Flurbiprofen powder 26 gm/Lidocaine powder 6.5 gm/Menthol Crystals 6.5 gm/Camphor Crystals 1.3 gm/Lidoderm base 89.7 gm/Tramadol HCL powder 19/5 gm/Dextromethorphan HBR powder 13 gm/Capsaicin powder 0.03 gm/Lidoderm base 97.4 gm and was not certified in the pre-authorization process on April 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for compounded topical analgesic: Ketoprofen powder 30 gm/Capsaicin powder 3.75 gm/Tramadol HCL powder 15 gm/Cyclobenzaprine powder 15 gm for the date of service 01/20/2012: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, Lidocaine, and Capsaicin. There is no known efficacy of any other topical agents. Considering this, the request for compounded topical analgesic: Ketoprofen powder 30 gm/Capsaicin powder 3.75 gm/Tramadol HCL powder 15 gm/Cyclobenzaprine powder 15 gm is not medically necessary.

Retrospective request for compounded topical analgesic: Ketoprofen powder 45 gm/Lidocaine powder/Camphor Crystals 1.8 gm/Menthol Crystals/Capsaicin Powder 0.045 gm/Lidoderm base for the date of service 09/21/2012: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, Lidocaine, and Capsaicin. There is no known efficacy of any other topical agents. Considering this, the request for compounded topical analgesic: Ketoprofen powder 45 gm/Lidocaine powder/Camphor Crystals 1.8 gm/Menthol Crystals/Capsaicin Powder 0.045 gm/Lidoderm base is not medically necessary.

Retrospective request for compounded topical analgesic: Flurbiprofen powder 26 gm/Lidocaine powder 6.5 gm/Menthol Crystals 6.5 gm/Camphor Crystals 1.3 gm/Lidoderm base 89.7 gm/Tramadol HCL powder 19.5 gm/Dextromethorphan HBR powder 13 gm/Capsaicin powder 0.03 gm/Lidoderm base 97.4 gm for the date of service 09/26/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, Lidocaine,

and Capsaicin. There is no known efficacy of any other topical agents. Considering this, the request for compounded topical analgesic: Flurbiprofen powder 26 gm/Lidocaine powder 6.5 gm/Menthol Crystals 6.5 gm/Camphor Crystals 1.3 gm/Lidoderm base 89.7 gm/Tramadol HCL powder 19.5 gm/Dextromethorphan HBR powder 13 gm/Capsaicin powder 0.03 gm/Lidoderm base 97.4 gm is not medically necessary.