

Case Number:	CM14-0068076		
Date Assigned:	07/11/2014	Date of Injury:	08/02/1999
Decision Date:	08/21/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/12/2014

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 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 injured worker is a 52-year-old female who reported an injury on 08/02/1999 from an unspecified cause of injury. The injured worker had a history of stiffness in the neck, shoulders and upper back. The injured worker had a diagnosis of complex regional pain syndrome to the right upper extremity, cervical radiculitis, fibromyalgia, temporomandibular joint syndrome, carpal tunnel and left shoulder impingement. No diagnostics were provided. The past treatment included a brace for the wrist at night and medications. The medication included GABA-2K, Norco 10/325 and trazodone and Ultram (of unknown mg). VAS score was provided. The objective findings dated 02/07/2014 revealed a bilateral 5/5 grip strength; mild tenderness to palpation at the cervical, thoracic and lumbar spines; and active triggers to referred pain at the chest. The treatment plan included continuing medications and to follow-up in 2 months. The Request for Authorization dated 07/11/2014 was submitted with the documentation. The rationale for the compound medication was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication; Ketoprofen 10%/ Cyclobenzaprine 3%/ Capsaicin 0.0375%/ Menthol 2%/ Camphor 1%: 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): 111-112..

Decision rationale: The request for the compound medication of ketoprofen 10% / cyclobenzaprine 3% / capsaicin 0.0375% / menthol 2% / camphor 1% is not medically necessary. The California MTUS Guidelines on topical analgesics state that any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Topical lidocaine in the formation of a dermal patch has been designated as an orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially-approved topical formulations of lidocaine, whether creams, lotions or gels, are indicated for neuropathic pain. Furthermore, for ketoprofen 10%, the guidelines do not recommend topical nonsteroidal anti-inflammatory drugs due to there being little evidence to utilize topical nonsteroidal anti-inflammatory drugs for the treatment of osteoarthritis of the spine, hip or shoulder. They are also not recommended for the treatment of neuropathic pain. Per the clinical notes provided, there was no indication that the injured worker suffered from any neuropathic pain or arthritic pain. However, the guidelines do not recommend topical analgesics. As such, the request is deemed not medically necessary.