

Case Number:	CM14-0083107		
Date Assigned:	07/21/2014	Date of Injury:	11/08/2000
Decision Date:	09/17/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/04/2014

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 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:

According to the records made available for review, this is a 45-year-old male with an 11/8/00 date of injury. At the time (2/27/14) of request for authorization for Topical Cream (Ketoprofen 20% with Lidocaine 5%) and CAPS Cream (Capsaicin 0.0375%, Menthol/Camphor/Tramadol 8%, Gabapentin 10%). There is documentation of subjective (low back pain, bilateral foot pain, insomnia, anxiety, and depression) and objective (positive Valsalva and Faber's tests, positive straight leg raise test, tenderness to palpation over the lumbar paraspinal musculature with spasms, and decreased lumbar range of motion; tenderness to palpation over both ankles and feet with decreased range of motion) findings. The current diagnoses is degloving injury of the left lower extremity, crushing injury of the left ankle, sprain of bilateral knee and leg, lumbar sprain, and right foot sprain. Treatments to date are medications (Ativan and Norco), orthotics, and activity modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Cream(Ketoprofen 20% with Lidocaine 5%): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of degloving injury of the left lower extremity, crushing injury of the left ankle, sprain of bilateral knee and leg, lumbar sprain, and right foot sprain. However, there requested compounded medication contains at least one drug (Ketoprofen and Lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Topical Cream (Ketoprofen 20% with Lidocaine 5%) is not medically necessary.

CAPS Cream (Capsaicin 0.0375% , Methol/Camphor/Tramadol 8%, Gabapentin 10%):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-113.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of degloving injury of the left lower extremity, crushing injury of the left ankle, sprain of bilateral knee and leg, lumbar sprain, and right foot sprain. However, there requested compounded medication contains at least one drug (capsaicin in a 0.0375% formulation and Gabapentin) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for CAPS Cream (Capsaicin 0.0375%, Menthol/Camphor/Tramadol 8%, Gabapentin 10%) is not medically necessary.