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| Case Number: | CM14-0086206 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 04/06/2010 |
| Decision Date: | 09/19/2014 | UR Denial Date: | 06/03/2014 |
| Priority: | Standard | Application Received: | 06/09/2014 |

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, 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:

This is an injured worker with a date of injury of April 6, 2010. A utilization review determination dated June 3, 2014 recommends non-certification of ketoprofen 5% and lidocaine 5% topical cream. A progress report dated April 7, 2014 identifies subjective complaints indicating that the ketamine infusions have helped significantly with decreased swelling. The injured worker notes ongoing color change and reduction in the burning quality in her upper extremity. The Botox injections have improved her overall stiffness. The increased Cymbalta has helped her mood and she feels optimistic to proceed with pool therapy. She continues to have hypersensitivity over the right-hand as well as swelling. Current medications include Norco, tramadol, Neurontin, Celebrex, Cymbalta, Pennsaid, Lidoderm patch, Zantac, and Prilosec, hydrocortisone cream, lidocaine/ketoprofen cream, Wellbutrin, Amitiza, and Zyprexa. Physical examination identifies edema with mottling present in the dorsum of the hand as well as limited range of motion. There is also temperature reduction and clamminess noted in the right upper extremity. The diagnosis is complex regional pain syndrome. The treatment recommendation is for advanced physical therapy. A progress note dated April 23, 2014 indicates that without the ketoprofen cream, she feels that her skin has a bad sunburn. It also decreases the burning sensation and pain for 3 hours after applying the cream. The note goes on to indicate that the patient can do more than she normally would as a result of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 5%, Lidocaine 5% Topical Cream 100 grams times 1 year of refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: Regarding the request for Ketoprofen 5%, Lidocaine 5% Topical Cream, Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Regarding the use of topical non-steroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment osteoarthritis, but either not afterwards or with the diminishing effect over another two-week period. Guidelines go on to state that ketoprofen is not currently FDA approved for topical application. Regarding the use of topical lidocaine, guidelines state that it is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Guidelines go on to state that they do not support the use of topical lidocaine except in patch form. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used for short duration. Additionally, there is no documentation of localized peripheral pain with evidence of failure of first-line therapy as recommended by guidelines prior to the initiation of topical lidocaine, and they do not support the use of topical lidocaine except in patch form. Finally, guidelines do not support the use of ketoprofen for topical application, and it should be noted that the patient appears to be on both lidocaine patches and lidocaine cream which may increase the risk of lidocaine toxicity. In the absence of clarity regarding those issues, the currently requested Ketoprofen 5%, Lidocaine 5% Topical Cream is not medically necessary.