

Case Number:	CM14-0091615		
Date Assigned:	07/25/2014	Date of Injury:	11/14/2003
Decision Date:	08/29/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/17/2014

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 Preventative Medicine 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 44-year-old female with a 11/14/03 date of injury, and status post anterior cervical discectomy and fusion in 2008, status post right shoulder subacromial decompression and mini open mumford resection (undated), status post left shoulder surgery (undated), status post bilateral carpal tunnel releases (undated), and status post left trigger thumb release (undated). At the time (3/27/14) of request for authorization for Ketoprofen/Lidocaine/Capsaicin/Tramadol 15%/1%/0.012%/5% #120, refill 1 and Flurbiprofen/Cyclobenzaprine/Capsaicin/Lidocaine 10%/2%/0.0125%/1% #120, refill 1, there is documentation of subjective (constant neck pain) and objective (tenderness at cervical spine and decreased range of motion) findings, current diagnoses (cervical radiculopathy, cervical spondylosis without myelopathy, and myalgia and myositis, unspecified), and treatment to date (medications (including ongoing treatment with Norco) and home exercise program).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen/Lidocaine/Capsaicin/Tramadol 15%/1%/0.012%/5% #120, refill 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 cervical radiculopathy, cervical spondylosis without myelopathy, and myalgia and myositis, unspecified. However, the requested Ketoprofen/Lidocaine/Capsaicin/Tramadol 15%/1%/0.012%/5% #120, refill 1 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 Ketoprofen/Lidocaine/Capsaicin/Tramadol 15%/1%/0.012%/5% #120, refill 1 is not medically necessary.

Flurbiprofen/Cyclobenzaprine/Capsaicin/Lidocaine 10%/2%/0.0125%/1% #120, refill 1:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 cervical radiculopathy, cervical spondylosis without myelopathy, and myalgia and myositis, unspecified. However, the requested Flurbiprofen/Cyclobenzaprine/Capsaicin/Lidocaine 10%/2%/0.0125%/1% #120, refill 1 contains at least one drug (Cyclobenzaprine and Lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Flurbiprofen/Cyclobenzaprine/Capsaicin/Lidocaine 10%/2%/0.0125%/1% #120, refill 1 is not medically necessary.