

Case Number:	CM14-0102278		
Date Assigned:	09/12/2014	Date of Injury:	12/30/2001
Decision Date:	01/27/2015	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/02/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic elbow and wrist pain reportedly associated with an industrial injury of December 30, 2001. In a Utilization Review Report dated June 25, 2014, the claims administrator failed to approve request for several topical compounded medications, including a ketoprofen containing compound as well as a cyclobenzaprine containing compound. The claims administrator referenced a June 18, 2014 RFA form in its denial. The applicant's attorney subsequently appealed. On January 16, 2014, the applicant reported ongoing complaints of elbow pain status post earlier elbow epicondylar release surgery. On December 13, 2013, the applicant was given prescriptions for Naprosyn, Prilosec, Zofran, and tramadol via a prescription order form without any associated narrative commentary. On October 13, 2013, the applicant was described as permanently partially disabled with permanent limitations in place. On November 22, 2013, the applicant was given prescription for tramadol, Terocin, and Prilosec. The remainder of file was surveyed. There was no mention of the ketoprofen containing topical compound at issue at any point in the file.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Cream; Ketoprofen 15%, Lidocaine 10%, Capsaicin 0.012% and Tramadol 5% cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, the primary ingredient in the compound at issue, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of multiple first line oral pharmaceuticals, including tramadol, Naprosyn, etc., effectively obviated the need for the ketoprofen containing agent at issue. Therefore, the request is not medically necessary.