

Case Number:	CM14-0145064		
Date Assigned:	09/12/2014	Date of Injury:	03/07/2012
Decision Date:	05/06/2015	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Maryland, District of Columbia
 Certification(s)/Specialty: Internal Medicine

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 32-year-old male patient, who sustained an industrial injury on 03/07/2012. A ML 104 evaluation dated 10/24/2014, reported the patient taking two Vicodin daily for pain relief. He had been taking anti-inflammatory medications, but ended up with gastrointestinal issues and had not used in three months. The patient describes being restricted by shoulders and back pains. He also has problems with his neck, thoracic, and lumbar spine. Physical examination was normal. Diagnostic testing performed prior to include: electrocardiogram, radiography, and pulmonary function testing. He is diagnosed with no work related internal medicine concerns. An initial orthopedic evaluation dated 05/21/2014 described a chief complaint of pain in the bilateral shoulders, right greater than left, that radiates down bilateral arms/hands. He also complains of low back pain that radiates down both legs. He reports having a hernia. The present symptoms are: complaint of cervical spine and lumbar spine pain, from bilateral shoulders, down to hands and the lumbar spine radiates to bilateral lower extremities. He reports abdominal pain when lifting. Physical examination found the patient with diffuse bilateral, anterior shoulder discomfort. The wrist and hands are with questionable atrophy in the right arm. There are questionable slight spasms noted in the lumbar spine. A flip study is positive bilaterally and there is also question of right lower extremity atrophy. The diagnostic impression noted cervical strain/sprain, dorsal sprain/strain, bilateral shoulders strain/sprain, lumbar spine strain/sprain, and rectal bleeding. Physical therapy was recommended, medications prescribed, consultation with an orthoped, neurologist, general surgeon and gastroenterologist recommended. Both acupuncture and a functional capacity evaluation were recommended. The

patient is with residual complaints of posterior shoulder, bilateral lower extremities numbness, history of positive EMG of lower extremities, positive magnetic resonance imaging low back. Recommending lower extremity EMG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen Powder 18g, FV Glycerin Liquid 36ml, Lidocaine Powder 1.2g, Capsaicin Powder 0.0144g, Tramadol HCL Powder 6g: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

Decision rationale: The request was for topical Ketoprofen powder, Glycerin liquid, Lidocaine powder, Capsaicin powder and Tramadol powder. According to the Chronic Pain Medical Treatment Guidelines, any compounded product that contains one or more drug that is not recommended is not recommended. Lidocaine powder is not recommended for management of chronic pain. The only topical formulation that is approved for chronic pain is Lidoderm patch. Ketoprofen is not FDA approved for topical application due to the high incidence of photocontact dermatitis. Since topical Ketoprofen and topical Lidocaine powder are not recommended, the whole compound is not recommended. Therefore, the request is not medically necessary.