MAXIMUS Federal Services

Case Number:	CM14-0187308		
Date Assigned:	11/14/2014	Date of Injury:	05/03/2005
Decision Date:	01/12/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/09/2014

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 & Rehabilitation, has a subspecialty in Pain 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:

This is a patient with a date of injury of May 3, 2005. A utilization review determination dated October 15, 2014 recommends noncertification of a topical compound. A progress report dated September 11, 2014 identifies subjective complaints of ongoing back pain. Medications keep the pain at a tolerable level. Patient also has radicular pain down her leg. Current medications include oxycodone, ibuprofen, Zanaflex, gabapentin, Percocet, and tizanidine. Review of systems is positive for nausea and vomiting. Diagnoses include chronic low back pain, failed back surgery syndrome, left L4 and L5 radiculopathy, and depression and anxiety. The treatment plan recommends continuing her current medications, and prescribe a topical cream "for pain control to help reducing oral medication."

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20%/Loperamide 7%/Menthol 5%/Capsaicin 0.0375%: 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 Page(s): 111-113.

Decision rationale: Regarding the request for Ketoprofen 20%/Loperamide 7%/Menthol 5%/Capsaicin 0.0375%, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Guidelines do not support the use of topical Loperamide. A thorough search of the National Library of Medicine revealed no peer-reviewed scientific literature of sufficient power to support the use of topical loperamide. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient, despite guideline recommendations. In light of the above issues, the currently requested Ketoprofen 20%/Loperamide 7%/Menthol 5%/Capsaicin 0.0375% is not medically necessary.