

Case Number:	CM14-0189068		
Date Assigned:	11/19/2014	Date of Injury:	10/29/2011
Decision Date:	01/08/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/12/2014

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 Family Practice 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 injured worker is a 56 year old male claimant who sustained a work injury on 10/29/11 involving the neck, back, wrists, knees and feet. He was diagnosed with cervical/lumbar discopathy, carpal tunnel syndrome, plantar fasciitis, arthritis of the foot and ankle and a hammer toe. In June of 2014 he had persistent right heel pain. He was noted to have limited range of motion of the ankles and an antalgic gait. He was given an injection into the plantar fascia and had been treated with oral analgesics. There was a subsequent request for topical Lidocaine HCl powder, Tramadol HCl powder, Ketoprofen powder, and Glycerin Liquid for pain control. The requests had continued periodically for pain relief and as most recently as 9/7/14 for the topical use of the above medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin powder, Lidocaine HCl powder, Tramadol HCl powder, Ketoprofen powder, Glycerin Liquid DOS 09/10/14: Upheld

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

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

Decision rationale: Topical Analgesics are recommended as an option as indicated below. They are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to the guidelines, topical lidocaine is recommended for diabetic neuropathy and post-herpetic neuralgia. Topical opioids are not mentioned. Topical NSAIDs such as Ketoprofen are recommended for 4-12 weeks for osteoarthritis. In this case, the use of the above medication did not apply to the approved diagnoses. In addition, length of prior use and future use was not specified. Location of use was not specified. The topical Lidocaine HCl powder, Tramadol HCl powder, Ketoprofen powder, Glycerin Liquid is not medically necessary.