

Case Number:	CM15-0102650		
Date Assigned:	06/05/2015	Date of Injury:	07/23/2014
Decision Date:	07/10/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/28/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 25 year old female, who sustained an industrial injury on 7/23/2014. Diagnoses include lumbago, lumbar strain with radicular pain and rule out sacroiliac joint dysfunction. Treatment to date has included modified work, diagnostics and medications including Ibuprofen and Ketoprofen/menthol/Capsaicin cream. Per the handwritten Primary Treating Physician's Progress Report dated 3/31/2015, the injured worker reported lumbar back pain and left buttock pain now with radiation into the left hamstring. Physical examination of the lumbar spine revealed limited range of motion and tenderness. Fabre test was positive. The plan of care included topical compound medications and authorization was requested for Ketoprofen/menthol/Capsaicin cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keto/Menthol/Capsaicin Cream: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: The patient presents with pain affecting the low back and left buttock with radiation down the left hamstring. The current request is for Keto/Menthol/Capsaicin Cream. The treating physician report dated 3/31/15 (12B) provides no rationale for the current request. Regarding compounded topical analgesics, MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The MTUS guidelines state the following regarding topical Ketoprofen: "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis." In this case, the MTUS guidelines do not recommend the use of Ketoprofen in a cream formulation, as outlined on page 112. Furthermore, since Ketoprofen is not recommended, the entire compounded product is not supported. Additionally, the current request does not specify an exact quantity of cream to be prescribed to the patient and the MTUS guidelines do not support an open-ended request. The current request is not medically necessary.