

Case Number:	CM15-0013567		
Date Assigned:	02/02/2015	Date of Injury:	05/14/2010
Decision Date:	04/07/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/23/2015

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

Certification(s)/Specialty: Family Practice

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 55 year old female, who sustained an industrial injury on 05/14/2010. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include cervical radiculopathy, shoulder sprain, status post cervical spine fusion, and headache. Treatment to date has included above listed surgery and a medication regimen. In a progress note dated 07/01/2014 the treating provider reports cervical spine and right shoulder pain. The documentation provided did not contain the current requested treatment of Ketoprofen/Lidocaine/Tramadol 20%/2%/2% Cream. On 01/07/2015 Utilization Review non-certified the requested treatment of Ketoprofen/Lidocaine/Tramadol 20%/2%/2% Cream with a quantity of 120, noting the California Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keto/Lido/Tram20%/2%/2% cream #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state that there is little to no research to support the use of many these agents. Specifically, the MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS guidelines state that Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. In addition, topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Keto/Lido/Tram20%/2%/2% cream #120 is not medically necessary.