

Case Number:	CM15-0147905		
Date Assigned:	08/11/2015	Date of Injury:	12/02/1992
Decision Date:	09/24/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/30/2015

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: 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 67-year-old female, with a reported date of injury of 12-02-1992. The mechanism of injury was not indicated in the medical records provided for review. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include status post spinal cord stimulator; chronic neck, left shoulder, and left elbow pain; and cervical radiculopathy. Treatments and evaluation to date have included oral medications, spinal cord stimulator, and topical pain medication. The diagnostic studies to date were not indicated in the medical records. The progress report dated 04-27-2015 indicates that the injured worker had neck pain with left arm symptoms. It was noted that she had significant limitations with most of her activities due to her pain complaints. The injured worker also had left shoulder, left elbow, and left-sided fascial pain. The physical examination showed an antalgic gait, tenderness to palpation of the cervical spine with spasms, decreased cervical range of motion, decreased sensation in the C6 and C8 dermatomes on the left, limited upper extremity motor examination by pain, and intact upper extremity and lower extremity reflexes. The treatment plan included a trial of Ketoprofen 20% topical cream. It was noted that she was unable to tolerate oral medications due to side effects and multiple allergies. The injured worker's disability status was noted as permanent and stationary. The treating physician requested Ketoprofen-PCCA Anhydrous Lipoderm, Ploxamer, Lecithin (date of service: 04-27-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen/PCCA Anhydrous Lipoderm/Plloxamer/Lecithin, (retrospective date of service: 04/27/2015): 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.

Decision rationale: The patient presents with pain in the neck, left shoulder, left elbow, left face, and left hip. The request is for Ketoprofen Pcca Anhydrous Lipoderm/Poloxamer/Lecithin (Retrospective Date Of Service: 04/27/2015). Physical examination to the lumbar spine on 04/27/14 revealed tenderness to palpation with spasm. Per 04/27/14, Request For Authorization form, patient's diagnosis include chronic neck, left shoulder, and elbow pain, and cervical radiculopathy. Patient's medication, per 04/27/15 progress report includes Tylenol. Patient is permanent and stationary. MTUS has the following regarding topical creams, p111, Topical Analgesics: "Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off- label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The MTUS guidelines, page 111, do not support the use of topical NSAIDs such as Ketoprofen for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. The treater does not discuss this medication. This topical contains Poloxamer and Lecithin which are not discussed in any of the guidelines for topical use, and Gabapentin, which is not supported for topical use by the guidelines. MTUS p111 states that if one of the ingredients is not indicated, then the entire compound is not indicated. The request is not medically necessary.