

Case Number:	CM15-0166510		
Date Assigned:	09/04/2015	Date of Injury:	05/13/2013
Decision Date:	10/08/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/25/2015

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 58-year-old female who sustained an injury on 5-13-13 resulting from continuous trauma to her neck, shoulders, upper extremities, back and lower extremities. X-rays were performed, medication for sleep and pain were prescribed. Cortisone injections were given and temporarily helpful. Diagnoses on 7-17-13 included sprain, strain cervical spine; thoracic spine; lumbosacral spine; sprain, strain, shoulders; elbows; wrist; hands; bilateral hip; knee; ankle; foot pain; anxiety stress symptoms; sleep disturbance and respiratory problems. On 6-10-15, the examination reports complaints of pain on neck, back, legs, feet and difficulty to stay in any prolonged position. Work status included restrictions. The plan was pain medication management and a request for rheumatologist. An examination on 6-10-15 lumbosacral spine reveals a slight antalgic gait; able to walk on heels and toes without difficulty; no loss of the normal lumbar lordosis; bilateral paravertebral and sacroiliac joint tenderness; bilateral knee pain with sitting and raising supine straight leg. There is bilateral knee pain with range of motion; posterior tibial and dorsalis pedis pulses were palpable in both lower extremities. Diagnoses include musculoligamentous sprain, strain, cervical spine, thoracic spine, lumbosacral spine; strain, shoulders, elbows, wrists, hands. The IW was instructed on home exercises for strengthening and increasing motion of all her joints and refers her to pain management for medication control. The most current PR2 on 7-22-15 is handwritten and the subjective complaints, objective findings and treatment plan are not legible. Current requested treatments on 7-23-15 Ketop, Lido, Tramadol 20%, 2%, 2% cream #60; Keptop, Lido, Cap, tram (med) 15%, 1% 0.012, 5% liquid #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketop/Lido/Tramadol 20%/2%/2% CRM #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The patient presents on 07/21/15 with unspecified complaints, as the progress note is hand written, poorly scanned, and almost entirely illegible. The patient's date of injury is 05/13/13. The request is for Ketop/Lido/Tramadol 20%/2%/2% CRM #60. The RFA is dated 07/23/15. Physical examination dated 07/21/15 is illegible. The patient's current medication regimen is not provided. Patient is currently advised to remain off work for an unspecified/illegible period of time. MTUS guidelines, Topical Analgesics Section, under Lidocaine Indication states: "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." MTUS Guidelines, Topical Analgesics section, page 111 also state, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In regard to the topical compounded cream containing Ketoprofen, Lidocaine, and Tramadol, the requested cream is not supported by MTUS guidelines. Lidocaine is not supported by MTUS in any topical formulation other than patch form. Ketoprofen is only recommended for peripheral joint arthritis and tendinitis. MTUS guidelines do not support Tramadol in topical formulations, either, and specifically state that any topical compound which contains an unsupported ingredient is not indicated. Therefore, this request is not medically necessary.

Ketop/Lidoc/Cap/Tram (Med) 15% 1% 0.012/5% Liq #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The patient presents on 07/21/15 with unspecified complaints, as the progress note is hand written, poorly scanned, and almost entirely illegible. The patient's date of injury is 05/13/13. The request is for Ketop/Lidoc/Cap/Tram (MED) 15%/1%/0.0125%/5% LIQ #60. The RFA is dated 07/23/15. Physical examination dated 07/21/15 is illegible. The patient's current medication regimen is not provided. Patient is currently advised to remain off work for an unspecified/illegible period of time. MTUS guidelines, Topical Analgesics Section, under Lidocaine Indication states: "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." MTUS Guidelines, Topical Analgesics section, page 111 also state, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In

regard to the topical compounded cream containing Ketoprofen, Lidocaine, Capsaicin, and Tramadol, the requested cream is not supported by MTUS guidelines. Lidocaine is not supported by MTUS in any topical formulation other than patch form. Ketoprofen is only recommended for peripheral joint arthritis and tendinitis. MTUS guidelines do not support Tramadol in topical formulations, either, and specifically state that any topical compound which contains an unsupported ingredient is not indicated. Therefore, this request is not medically necessary.