

Case Number:	CM15-0204088		
Date Assigned:	11/19/2015	Date of Injury:	09/29/2012
Decision Date:	12/30/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/16/2015

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: Texas, 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:

This is a 24 year old male patient, who sustained an industrial injury on 9-29-2012. The diagnoses include lumbar degenerative disc disease and lumbar radiculitis. According to the progress report dated 10/1/2015, he had complaints of low back pain with radiation down his right leg; right knee pain. According to the progress report dated 9-2-2015, he presented with complaints of low back pain with radiation down his right leg. The level of pain was not rated. The physical examination of the lumbar spine was not indicated. The current medications are Ibuprofen, Ketoprofen 20%, Cyclobenzaprine 2%, and Menthol 3.5%. Previous diagnostic studies include electrodiagnostic testing for lower extremities dated 7/23/14 with normal findings and MRI of the lumbar spine dated 10/7/2014 which revealed posterior disc protrusion at L4-5 and L5-S1. Treatments to date include medication management and physical therapy. The original utilization review (9-18-2015) had non-certified a request for Ketoprofen 15% Capsaicin 0.025% cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 15%/Capsaicin 0.025% cream #60: Upheld

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

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

Decision rationale: Ketoprofen 15%/Capsaicin 0.025% cream #60 Ketoprofen is an NSAID. The MTUS Chronic Pain Guidelines regarding topical analgesics state, largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants,). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen is not recommended by the cited guidelines for topical use as cited because of the absence of high grade scientific evidence to support their effectiveness. The medical necessity of Ketoprofen 15%/Capsaicin 0.025% cream #60 is not medically necessary for this patient.