

Case Number:	CM15-0220403		
Date Assigned:	11/13/2015	Date of Injury:	09/21/2006
Decision Date:	12/24/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/09/2015

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: New Jersey, New York

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 injured worker is a 60 year old male who reported an industrial injury on 9-21-2006. His diagnoses, and or impressions, were noted to include: status-post cervical microdiscectomy-fusion surgery (5-2009), and hardware removal surgery (11-2009); chronic cervical radiculitis, and post cervical fusion dysphagia; multi-level lumbar disc bulges (per MRI 11-29-06); chronic right lumbar 5 radiculopathy (per EMG-NCV 4-9-09); and status-post right inguinal hernia repair with subsequent neuropathy (11-2007). CT of the cervical spine was said to have been done on 11-22-11; MRI of the cervical spine was done on 6-18-2015, noted post-surgical changes. His treatments were noted to include: medical-legal psychiatric re-evaluation on 4-4-2011; a home exercise program; medication management with toxicology studies; and rest from work. The progress notes of 9-29-2015 reported: unchanged and constant neck pain, rated 8 out of 10 with medications, that radiated down the bilateral upper extremities, left > right, associated pins-needles and with left-sided occipital headaches more than 3 x a week; occasional muscle spasms of the neck and a cervical collar that was too small, and restrictive; and that his pain was aggravated by activity and movements, limiting his activities of daily living. The objective findings were noted to include: a slow, antalgic gait; observed moderate distress; tenderness with spasm to the bilateral cervical para-vertebrals, with myofascial trigger points and twitch response of the bilateral trapezius muscles, and severely limited cervical range-of-motion due to pain; decreased sensation in the bilateral upper extremities and affected C5-8 dermatomes; and that his opioid pain medications provided relief in just after 20 minutes, and lasting 6 hours, and that therapy provided a 40% improvement, resulting in functional improvement with better mood,

sleep and quality of life; and that he complained of untoward side-effects of medication Capsaicin. The physician's requests for treatment were not noted to include this compound cream, nor did any medical records provided note this compound cream. The Utilization Review of 10-12-2015 non-certified a Ketoprofen-Lidocaine-Capsaicin-Tramadol 15%-1%-0.012%-5% compound cream, 120 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keto/Lidoc/Cap/Tram 15%/1%/0.012%/5% 120gms: 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: The request is not medically necessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. The efficacy of topical NSAIDs have shown inconsistent results in studies. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis and tendinitis, but either not afterward, or with a diminishing effect over another 2-week period. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. It is recommended only for short term use. It is not recommended for neuropathic pain. Ketoprofen is not FDA approved for topical application. Non-dermal patch formulations of lidocaine are indicated as local anesthetics and further research is needed to recommend it for treatment of chronic neuropathic pain disorders other than post-herpetic neuralgia. Topical capsaicin has been useful with osteoarthritis, fibromyalgia, and chronic non-specific back pain. It is useful in patients whose pain is not controlled by conventional therapy. There is little research to support topical Tramadol use in treatment of chronic pain. Any compounded product that contains at least one drug that is not recommended is not recommended. Therefore, the request is considered not medically necessary.