

Case Number:	CM15-0083005		
Date Assigned:	05/05/2015	Date of Injury:	10/05/2012
Decision Date:	06/10/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/30/2015

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: 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 56 year old male, who sustained an industrial injury on 10/5/2012. He reported sudden and severe pain to his left upper extremity, left shoulder and left hand. Diagnoses have included cervical disc protrusion, lumbar disc protrusion, and right and left shoulder rotator cuff tear. Treatment to date has included extracorporeal shockwave therapy, physical therapy, chiropractic treatment and medication. According to the progress report dated 1/13/2015, the injured worker complained of insomnia, fatigue and pain rated 6/10. Physical exam of the cervical and lumbar spines revealed decreased range of motion and spasms. Authorization was requested for Ketoprofen 10 percent, Cyclobenzaprine 3 percent, and Lidocaine 15 percent 120 gram compound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 10 Percent, Cyclobenzaprine 3 Percent, Lidocaine 15 Percent 120 Gram:
Upheld

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

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. 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. 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. Ketoprofen 10 Percent, Cyclobenzaprine 3 Percent, Lidocaine 15 Percent 120 Gram is not medically necessary and appropriate.