

Case Number:	CM15-0083625		
Date Assigned:	05/05/2015	Date of Injury:	02/07/1987
Decision Date:	06/11/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	05/01/2015

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 56-year-old female who sustained an industrial injury on 2/7/87. The injured worker was diagnosed as having right carpal tunnel syndrome status post-surgical release, right thumb tendonitis with a cyst status post-surgical release, left carpal tunnel syndrome status post-surgical release. Currently, the injured worker reported complaints of right wrist pain. Previous treatments included non-steroidal anti-inflammatory drugs, oral pain medication, and topical cream. The injured worker rated her pain at 10/10. Physical examination on 3/26/15 revealed right wrist surgical incision intact with a noted right wrist tender spot. The plan of care was for conservative treatment to include medication prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Topical cream Ketoprofen 20% - Koperamide 7% - Menthol 5% - Capsaicin 0.0375%:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics ,Capsaicin, topical Page(s): 111-113,29.

Decision rationale: This patient presents with continued right wrist pain. The current request is for TOPICAL CREAM KETOPROFEN 20%-LOPERAMIDE 7%-MENTHOL 5%-CAPSAICIN 0.0375%. Previous treatments included surgery, non-steroidal anti-inflammatory drugs, physical therapy, oral pain medication, and topical cream. MTUS Topical Analgesics guidelines pages 111 and 112 has the following regarding topical creams, "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." MTUS further states, "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis." MTUS, pg. 29, Capsaicin, topical, " Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy." According to progress report 04/17/15, the patient reports significant pain flaring up due to medications being denied. Examination of the right wrist revealed tenderness and sensitivity to palpation. Treatment plan was for the patient to continue with topical cream, and follow up in 6 weeks. MTUS Guidelines allows for the use of Capsaicin for chronic pain conditions such as fibromyalgia, osteoarthritis, and nonspecific low back pain, which the patient does not have. Furthermore, this product contains Capsaicin at 0.0375% and MTUS does not recommend concentrations higher than 0.025%. Ketoprofen is currently not approved by FDA for topical application. The requested compound cream IS NOT medically necessary.