

Case Number:	CM15-0089760		
Date Assigned:	05/14/2015	Date of Injury:	02/28/2012
Decision Date:	08/11/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/11/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 50-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of February 28, 2012. In a Utilization Review report dated April 14, 2015, the claims administrator retrospectively denied a ketoprofen-containing topical compound prescribed and/or dispensed on or around February 25, 2015. The applicant's attorney subsequently appealed. On July 15, 2015, the applicant was using tizanidine for pain relief. The attending provider stated that he had stopped dispensing the topical compounded agent in question. A 20-pound lifting limitation was endorsed. It was suggested in one section of the note that the applicant was working with said limitation in place, while another section of the note stated that the applicant was temporarily off. The attending provider's reporting of the applicant's work status, thus, was, at times, incongruous. On May 12, 2015, the applicant was described as using tizanidine with good success. Ongoing complaints of shoulder pain were reported. The topical compounded agent in question was dispensed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Keto/cycl/caps/menthol/camp/lipoderm compound 120 gm (2/25/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: No, the request for a ketoprofen-containing topical compound was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, the primary ingredient in the compound, is not FDA approved for topical application purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's successful usage of first-line oral pharmaceuticals such as tizanidine, furthermore, effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical compounds such as the agent in question. Therefore, the request was not medically necessary.