

Case Number:	CM14-0132175		
Date Assigned:	08/25/2014	Date of Injury:	12/11/1998
Decision Date:	09/25/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/18/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 with a reported date of injury on 12/11/1998. The mechanism of injury was not documented in the records. The diagnoses were abdominal pain, acid reflux, and constipation. The past treatment included pain medication. There were no diagnostics submitted for review. The surgical history included left kidney removal and lumbar spine discectomy. On 11/27/2013, the subjective complaints were abdominal pain and acid reflux. The physical examination noted soft abdomen with normal active bowel sounds. The medications included Dexilant, Amitizia, Medrox patches, and Topical cream (Capsaicin/flurbiprofen/tramadol/menthol/camphor). The plan was to continue medications. The rationale was to provide pain relief. No additional clinical notes were provided before 01/15/2014. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request (DOS 1/15/2014) Dexa/Lido/Keto;Caps/Menth/Camph/Flurb/Tram (duration and frequency unknown): Upheld

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

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

Decision rationale: The request for Retrospective request (DOS 1/15/2014)

Dexa/Lido/Keto;Caps/Menth/Camph/Flurb/Tram (duration and frequency unknown) is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The proposed topical creams contain Dexamethasone, Lidocaine, and Ketoprofen; and Capsaicin, Camphor, Tramadol, Menthol, and Flurbiprofen. In regard to lidocaine, the guidelines state that there are no commercially approved topical formulations of lidocaine for neuropathic pain other than Lidoderm brand patches. In regard to Ketoprofen, this agent is not currently FDA approved for a topical application as it has an extremely high incidence of photocontact dermatitis. In regard to capsaicin, it is recommended only as an option in patients who have not responded or are intolerant to other treatments. In regards to Flurbiprofen, Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. The injured worker was not shown to have pain attributed to osteoarthritis. There was also a lack of documentation showing that he had tried and failed antidepressants and anticonvulsants, or that he was nonresponsive or intolerant to first-line treatments. Therefore, topical capsaicin and NSAIDs are not supported. As the requested compounds contain lidocaine, Ketoprofen, capsaicin, and Flurbiprofen, which are not supported, the compounds are also not supported. Additionally, the strength, dose, quantity, and frequency for the proposed medication were not provided. Therefore, the request is not medically necessary.