

Case Number:	CM14-0172682		
Date Assigned:	10/23/2014	Date of Injury:	01/09/2003
Decision Date:	12/02/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/20/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 49 year old man who sustained a work-related injury on January 9, 2003. Subsequently, the patient developed lower extremities pain. According to the progress report dated on August 5, 2015, the patient was complaining of bilateral lower extremity pain and burning sensation with weakness. The patient examination demonstrated the use of heat range of motion. Sensation was reported to have dystrophic right foot number. According report dated on October 6, 2014, the patient is complaining of bilateral lower extremity significant pain and burning sensation. Patient examination demonstrated a reduced range of motion of the ankles bilaterally, reduced muscle strength and distribution tibial nerve bilaterally and right hip/foot syndrome. The patient was diagnosed with bilateral tarsal tunnel syndrome and complex regional syndrome. The provider requested authorization for a topical analgesic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transdermal compound consisting of Ketoprofen/ Capsaicin/ Menthol/ & Camphor #120 grams: 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 Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Ketoprofen/ Capsaicin/ Menthol/ & Camphor #120 grams contains Capsaicin a topical analgesic and menthol not recommended by MTUS. Based on the above Ketoprofen/ Capsaicin/ Menthol/ & Camphor #120 grams is not medically necessary.