

Case Number:	CM13-0016521		
Date Assigned:	01/31/2014	Date of Injury:	09/06/2007
Decision Date:	06/17/2015	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/26/2013

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: Emergency 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 injured worker is a 50-year-old male who sustained an industrial injury on 09/06/07. Initial complaints and diagnoses are not available. Treatments to date include medications, right cubital tunnel release, and acupuncture. Diagnostic studies are not addressed. Current complaints include pain in the neck that radiates to bilateral upper extremities. Current diagnoses include cervical discopathy, left shoulder tendinitis, left shoulder impingement, and bilateral carpal tunnel syndrome/double crush syndrome. In a progress note dated 03/25/13, the treating provider reports the plan of care as additional acupuncture as she has responded well to the first 3 treatments. Also recommended is right carpal tunnel release surgery. The requested treatment is Keto/Lido/Cap/Tram cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 KETOP/LIDOC/CAP/TRAM 15%1%0.0125/5%*LIQ,NDC:38779007899REF#:1 (30 DAY SUPPLY) PER [REDACTED] THRU [REDACTED] BETWEEN 8/15/2013 AND 11/3/2013: 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): 111-113.

Decision rationale: As per MTUS guidelines, "Any compound product that contains a drug or drug class that is not recommended is not recommended." 1) Ketoprofen: Not FDA approved for topical applications. The use of a non-FDA approved application of a medication when there are multiple other topical NSAIDs is not medically necessary. It is also prescribed with another topical NSAID leading to risk of toxicity. Not recommended. 2) Lidocaine: Topical lidocaine is recommended for post-herpetic neuralgia only although it may be considered as off-label use as a second line agent for peripheral neuropathic pain. It may be considered for peripheral neuropathic pain only after a trial of 1st line agent. There is no documentation of successful trial or failure of 1st line agents. Not recommended. 3) Capsaicin: Data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective and a successful trial of capsaicin. There is no documentation of a successful trial of capsaicin or failure of other medications. Not medically necessary. 4) Tramadol: Tramadol is an opioid Mu-agonist. It is FDA approved only for oral use and is not approved for topical use. There is no evidence to support safety or efficacy in topical use. Not appropriate and not recommended. Not a single compound is recommended. This compound is not medically necessary.