MAXIMUS Federal Services

Case Number:	CM13-0067772		
Date Assigned:	06/11/2014	Date of Injury:	01/15/1999
Decision Date:	10/09/2015	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/18/2013

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: North Carolina
Certification(s)/Specialty: Family Practice

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 52 year old female who sustained an injury on 1-15-99. Diagnoses include history of status post right 5th metatarsal fracture; right ankle and foot sprain with plantar fasciitis. 12-4-13 orthopedic evaluation reveals subjective complaints of residual symptoms in her right knee. Upon examination the right knee has some swelling and some pain in the anterior joint line space. Right foot is essentially unchanged with tenderness at the right anterolateral aspect of the foot. An injection to the right knee was performed during this visit for symptomatic relief. She was on modified duty and was advised to continue with no pivoting, no prolonged weight bearing and no prolonged walking on the right lower extremity. The record indicates she can take the appropriate pharmacological agents for symptomatic relief. No other medical documentation was part of the review. Current requested treatments Ketoprofen, Lidocaine, Capsaicin, and Tramadol 15% 1% 0.012, 5% with 5 refills. Utilization review 12-5-13 for requested treatments were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen/Lidocaine/Capsaicin/Tramadol 15% 1% 0.012/5% with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004). These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006). Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, "adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists," agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006). 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. The requested medication contains ingredients (tramadol), which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.