

<b>Case Number:</b>	CM14-0216437		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	07/27/2010
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2014

### 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. 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 (IW) is a 51-year-old man with a date of injury of July 27, 2010. The mechanism of injury occurred when the injured worker left hand was pulled into a bark clipper while working as a landscaper. He suffered a traumatic left partial hand/wrist amputation. The injured worker's working diagnoses are traumatic left multi digit amputation; posttraumatic hypersensitivity; posttraumatic neuropathic pain; stiffness of joint not elsewhere classified involving multiple sites; phantom pain, left hand; and insomnia. Pursuant to the progress report dated February 2, 2015, the IW complains of pain in right stump. The pain is rated 4/10. He reports the Naproxen and Medrox cream decrease pain and improve function. Objective observation reveals multi digit amputation of the left hand with a 5 digit robotic prosthesis. No open wounds at 5th stump. There is redness over the small finger stump. There is tenderness to palpation over the medial and lateral residual limb. Wrist range of motion extension is 10 degrees, flexion 40 degrees, and abduction/adduction 5 degrees. The treatment plan includes refill Naproxen, Prilosec, Ketoprofen cream, Gabapentin, Lidocaine patch, Cymbalta, and Theramine to help absorb NSAIDs. The IW has been taking/using the aforementioned creams, patches, and medications since July 23, 2014, according to a progress note with the same date. There was no evidence of objective functional improvement associated with the ongoing use of the Ketoprofen cream, Lidoderm patch. The current request is for unknown prescription for Ketoprofen cream, one (1) prescription for Lidocaine patch, and one (1) prescription of Theramine #90.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown prescription of Ketoprofen cream:** 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, Postsurgical Treatment Guidelines.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, ketoprofen cream is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of anticonvulsants and antidepressants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen is not FDA approved topical use. There is no evidence to recommend a nonsteroidal anti-inflammatory dosage form other than oral formulation for low back pain. It is not recommended for widespread musculoskeletal pain. It is not recommended for neuropathic pain. In this case, the injured worker's working diagnoses are traumatic left multi digit amputation; posttraumatic hypersensitivity; posttraumatic neuropathic pain; stiffness of joint not elsewhere classified involving multiple sites; phantom pain, left hand; and insomnia. The injured worker (IW) is a 51-year-old man with a date of injury of July 27, 2010. The treatment plan includes refill Naproxen, Prilosec, Ketoprofen cream, Gabapentin, Lidocaine patch, Cymbalta, and Theramine to help absorb NSAIDs. The IW has been taking/using the aforementioned creams, patches, and medications since July 23, 2014, according to a progress note with the same date. There was no evidence of objective functional improvement associated with the ongoing use of the Ketoprofen cream, Lidoderm patch. Consequently, absent clinical documentation to support the ongoing use of ketoprofen cream in the absence of functional objective improvement, ketoprofen cream is not medically necessary.

**1 prescription of Lidocaine patch:** 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 based on Non-MTUS Citation Topical analgesics

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidocaine patch is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of anticonvulsants and antidepressants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine with a cream, lotion or gel is indicated for neuropathic pain.

Lidocaine in patch form (non-Lidoderm) is not recommended. In this case, the injured worker's working diagnoses are traumatic left multi digit amputation; posttraumatic hypersensitivity; posttraumatic neuropathic pain; stiffness of joint not elsewhere classified involving multiple sites; phantom pain, left hand; and insomnia. The injured worker (IW) is a 51-year-old man with a date of injury of July 27, 2010. The treatment plan includes refill Naproxen, Prilosec, Ketoprofen cream, Gabapentin, Lidocaine patch, Cymbalta, and Theramine to help absorb NSAIDs. Any compounded product that contains at least one drug (lidocaine patch-non-lidoderm) that is not recommended is not recommended. Lidoderm patch is not recommended. Additionally, the IW has been taking/using the aforementioned creams, patches, and medications since July 23, 2014, according to a progress note with the same date. There was no evidence of objective functional improvement associated with the ongoing use of the Ketoprofen cream, Lidocaine patch. Consequently, absent clinical documentation to support the ongoing use of Lidocaine patch in the absence of objective functional improvement, leadership Lidocaine patch is not medically necessary.

**1 prescription of Theramine #90: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical foods, Theramine

**Decision rationale:** Pursuant to the Official Disability Guidelines, Theramine #90 is not medically necessary. Theramine is a medical food. Medical foods are not recommended for chronic pain. Medical foods are not recommended for chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. For additional details see the official disability guidelines. In this case, the injured worker's working diagnoses are traumatic left multi digit amputation; posttraumatic hypersensitivity; posttraumatic neuropathic pain; stiffness of joint not elsewhere classified involving multiple sites; phantom pain, left hand; and insomnia. The injured worker (IW) is a 51-year-old man with a date of injury of July 27, 2010. Theramine is a medical food. Medical foods are not recommended for chronic pain. Consequently, Theramine is not medically necessary.