MAXIMUS Federal Services

Case Number:	CM14-0216573		
Date Assigned:	01/06/2015	Date of Injury:	01/11/2011
Decision Date:	03/03/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	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
Certification(s)/Specialty: Preventive Medicine, Occupational 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 female with a date of injury of January 11, 2011. Results of the injury include neck pain, bilateral hand pain, right hand stiffness, bilateral hand numbness and tingling, and back pain. Diagnosis include carpal tunnel syndrome, bilateral pronator tunnel, post laminectomy cervical, right hand contracture, DeQuervain's, epicodylitis lateral, and sprain/strain thoracic spine. Treatment included activity modification, medications, surgery, and bracing. Magnetic Resonance Imaging (MRI) scan of the cervical spine revealed at C3-4 there is mild broad based central disc osteophyte complex identified, C4-5 revealed mild broad based central disc osteophyte complex seen at that level with mild canal stenosis. C5-6 showed postoperative changes of ACDF at that level. C6-7 revealed postoperative changes of ACDF at that level. C7-T1 showed mild disk osteophyte complex. Bilateral upper extremity are suggestive of mild to moderate bilateral carpal tunnel syndrome. There was evidence of ulnar or radial neuropathies, brachial plexopathy, cervical radiculopathies, or large fiber poly neuropathy affecting the bilateral upper extremities. X-ray of the right shoulder showed no evidence of heterotopic calcifications, right elbow showed no degenerative changes. Right wrist showed no evidence of arthritic changes. Progress report dated September 19, 2014 noted pain radiating from forearm to elbow. Work status was noted as temporary total disability. The treatment plan was for Terocin patch, surgery, and wrist split braces. Utilization Review form dated November 25, 2014 non certified 1 topical compound cream (Ketoprofen/Gabapentin/Lidocaine) due to noncompliance with the MTUS guidelines recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Compound Cream (Ketoprofen/Cyclobenzaprine/Gabapentin/Lidocaine): 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 section Page(s): 111-113.

Decision rationale: Topical analgesics are recommended by the MTUS Guidelines. Compounded topical analgesics that contain at least one drug or drug class that is not recommended is not recommended. Ketoprofen 20% is a topical NSAID medication. The MTUS Guidelines report that topical ketoprofen is not FDA approved, and is therefore not recommended by these guidelines.The MTUS Guidelines do not recommend the use of topical gabapentin as there is no peer-reviewed literature to support use. Topical lidocaine is used primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. As these topical ingredients are not recommended by the MTUS Guidelines, the compounded topical analgesic is also not recommended.