

Case Number:	CM15-0019822		
Date Assigned:	02/09/2015	Date of Injury:	09/18/2010
Decision Date:	03/25/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/02/2015

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: Texas, California
 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 47 year old female who sustained a work related injury September 18, 2010. While cleaning a machine, her hand was caught, pulling her thumb directly off and disrupting her right upper extremity. Past history included a transplant from her right foot great toe to her right hand to replace thumb, May 2011, right shoulder acromioplasty, and surgical repair of scar right hand. According to a treating physician's office visit dated November 24, 2014, the right arm is grossly abnormal and she states the transplanted digit is completely numb. There is pain in the right wrist, at the edge of the scar and is hot and purple in color. The thumb has minimal function and there is swelling overall dorsum of her hand. There is poor range of motion and poor function as she has no strength and unable to grasp. The right foot site of transplant is clean with no evidence of sympathetic dystrophy. The medication list includes Cyclobenzaprine, Hydrocodone, Gabapentin, Omeprazole, Prozac and Voltaren gel. The past medical history includes gastritis. The patient's surgical history includes right thumb amputation in 2010. Per the doctor's note dated 1/14/14 patient had complaints of pain in hand. Physical examination of the lumbar spine revealed normal gait and ROM.

IMR ISSUES, DECISIONS AND RATIONALES

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

Services Provided: Ketoprofen/Lidoderm Base Compound 30gm , Act Med Kit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, Topical Analgesics. Page(s): pages 111-112.

Decision rationale: Request: Ketoprofen/Lidoderm Base Compound 30gm, Act med kit
According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is '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.' 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. Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. The medication list contains Gabapentin. The detailed response of the gabapentin for this injury was not specified in the records provided. Ketoprofen is a NSAID. Per the cited guidelines, 'Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis..' Per the cited guidelines, 'Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration.' The medical necessity of the request for Compound topical medication Ketoprofen/Lidoderm Base Compound 30gm, act med kit, is not fully established in this patient.