

Case Number:	CM15-0116255		
Date Assigned:	06/24/2015	Date of Injury:	06/27/2013
Decision Date:	07/29/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/16/2015

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 56 year old male who sustained an industrial injury on June 27, 2013. He has reported low back pain with intermittent pain in the calves and has been diagnosed with chronic low back pain, lumbar herniated nucleus pulposus, and lumbar radiculopathy. Treatment has included physical therapy, medical imaging, chiropractic care, injections, and a TENS unit. Lumbar spine testing shows severely limited flexion and bilateral rotation. There was normal range of motion in extension and lateral flexion. There was mild to moderate lumbosacral paraspinal muscle tenderness to palpation. There was a positive straight leg raise on the left and negative on the right. The treatment request included topical medication. Patient had received ESI for this injury. The medication list include Anti-inflammatories and patient had stopped these medications due to development of GI symptoms. The patient has used a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen/Loperamide/Menthol/Capsaicin (dos 4/22/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

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

Decision rationale: Request: Ketoprofen/Loperamide/Menthol/Capsaicin (dos 4/22/15). 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. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Any trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Any evidence of diminished effectiveness of oral medications was not specified in the records provided. Any evidence of lack of response to other treatments was not specified in the records provided. Ketoprofen is an NSAID Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is also no evidence that menthol is recommended by the CA, MTUS, Chronic pain treatment guidelines. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Ketoprofen and menthol are not recommended in this patient. The medical necessity of the medication Ketoprofen/Loperamide/Menthol/Capsaicin (dos 4/22/15) is not medically necessary in this patient.