

Case Number:	CM15-0119150		
Date Assigned:	07/01/2015	Date of Injury:	12/30/2009
Decision Date:	08/31/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/19/2015

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: Arizona, Michigan

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 41 year old, female who sustained a work related injury on 12/30/09. The diagnoses have included hardware pain, chronic pain and psychological issues-anxiety/depression. Treatments have included psychotherapy and medications. In the PR-2 dated 4/2/15, the injured worker complains of back pain, spinal spasm and pain on motion. She has tenderness in the lumbar spine and spinal spasm. The treatment plan for this visit includes spinal surgery, refills of medications and preoperative clearance for surgery. The requested treatments for this Independent Medical Review are not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin powder 5%, Tramadol 8%, Gabapentin powder 10%, Cyclobenzaprine Hcl 4%, Menthol crystals 5%, Camphor gradules 2% in a compound cream panderm base: 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 Page(s): 111-112.

Decision rationale: Per CA MTUS guidelines, although recommended as an option, topical analgesics are used primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Furthermore, they are largely experimental. "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." "There is no evidence for use of any other muscle relaxant as a topical product. Gabapentin is not recommended. There is no peer-reviewed literature to support use." Since there are medications not recommended in this requested topical analgesic cream, the requested treatment of a medicated cream consisting of Capsaicin, Tramadol, Gabapentin, Cyclobenzaprine, Menthol and Camphor is not medically necessary.

Ketoprofen powder 20%, Lidocaine Hcl 5% in a compound cream panderm base: 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 Page(s): 111-112.

Decision rationale: Per CA MTUS guidelines, although recommended as an option, topical analgesics are used primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Furthermore, they are largely experimental. "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. The guidelines do not recommend use of topical lidocaine, as there have been reports of toxicity. Thus, the requested compounded cream consisting of Ketoprofen and Lidocaine is not medically necessary and appropriate.