

Case Number:	CM13-0021163		
Date Assigned:	03/12/2014	Date of Injury:	11/11/2011
Decision Date:	09/24/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/08/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 62 year-old female who reported a work related injury on 11/11/2011. The mechanism of injury was not provided in documentation for review. The diagnoses consist of lumbar discopathy, right cubital/carpal tunnel/lateral epicondylitis, and right knee pain. Past treatments have included intramuscular injections of tramadol mixed with maracaine and medications. Diagnostics entailed a urine specimen test. Upon examination on 05/14/2011 subjective findings were persistent low back pain that radiated to lower extremities with numbness and tingling and right knee pain. The physical findings of the lumbar spine revealed tenderness from the mid to the distal segments, pain with terminal motion, seated nerve root test was positive, and dysethesia at the L5 and S1 dermatomes. The right knee had tenderness at the joint line and anteriorly and pain with terminal flexion. The treatment plan consisted of intramuscular injection for systematic relief, Ketoprofen/ Lidocaine/Capsaicin/Tramadol #60 and cyclobenzaprine/capsaicin/lidocaine/ketoprofen #120. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPICAL CREAM: KETOPROFEN/LIDOCAINE/CAPSAICIN/TRAMADOL #60:

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): 111-114.

Decision rationale: The request for KETOPROFEN/LIDOCAINE/CAPSAICIN/TRAMADOL #60 is not medically necessary. The California MTUS Guidelines state compounded topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Additionally, any compounded product that contains at least one drug, or drug class that is not recommended. As for topical lidocaine, the formulation of a dermal patch is the only formulation recommended, there are no other commercially approved topical formulations of lidocaine whether creams, lotions or gels indicated for neuropathic pain. In regards to Capsaicin, it is only recommended as an option in patients who have not responded or are intolerant to other treatments. As for ketoprofen, the guidelines state this is not FDA approved for topical application due to its high incidence of photocontact dermatitis. Therefore, as the documentation failed to include sufficient documentation showing the failure of first line agents to warrant use of capsaicin, and use of ketoprofen and lidocaine are not supported, the compound is also not supported. Additionally, the request, as submitted, did not specify a frequency of use. Therefore this request is not medically necessary.

TOPICAL CREAM: CYCLOBENZAPRINE/CAPSAICIN/LIDOCAINE/KETOPROFEN #120: 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): 111-114.

Decision rationale: The request for CYCLOBENZAPRINE/CAPSAICIN/LIDOCAINE/KETOPROFEN #120 is not medically necessary. The California MTUS Guidelines state compounded topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Additionally, any compounded product that contains at least one drug, or drug class that is not recommended. In regard to cyclobenzaprine, the guidelines state there is no evidence for use of muscle relaxants as a topical products. As for topical lidocaine, the formulation of a dermal patch is the only formulation recommended, there are no other commercially approved topical formulations of lidocaine whether creams, lotions or gels indicated for neuropathic pain. As for ketoprofen, the guidelines state this is not FDA approved for topical application due to its high incidence of photocontact dermatitis. Therefore, as the topical use of cyclobenzaprine, ketoprofen, and lidocaine are not supported, the requested topical compound is also not supported. Additionally, the request, as submitted, did not specify a frequency of use. Therefore, this request is not medically necessary.