

Case Number:	CM13-0000915		
Date Assigned:	07/16/2014	Date of Injury:	04/16/2013
Decision Date:	09/22/2014	UR Denial Date:	06/26/2013
Priority:	Standard	Application Received:	07/02/2013

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 Internal Medicine and is licensed to practice in Arizona. 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:

This claimant is a 57-year-old female with a date of injury on April 16, 2013. Through daily repeated typing and the usage of a rollerball mouse she developed right wrist pain and swelling. She was taking Vicodin in the evenings. No intolerance was mentioned in the record, though the certifying physician stated that the physician claimed she had intolerance to oral medication and thus prescribed a topical compounded medication which included Baclofen 2%/Cyclobenzaprine 2%/Ketoprofen 15%/Lidocaine 5%. There is no mention of whether she tried any oral non-steroidal anti-inflammatory drugs (NSAIDs), tricyclic or serotonin-norepinephrine reuptake inhibitor (SNRI) antidepressants, or anti-seizure medications for her pain. She did have physical therapy which provides some benefit; though she did not meet the long term goals of becoming pain free. The purpose of this Outside Medical Review is to determine if a retrospective prescription for the compounded medication, stated above, is warranted.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR BACLO/CYCLO/KETO/KIDO FOR THE RIGHT WRIST: 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: According to the MTUS, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. These are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as mono therapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, etc. 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 as a whole. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required (page 111). Ketoprofen is an anti-inflammatory (NSAID). Short term usage of NSAIDs, such as Voltaren; have been shown to have some benefit to specific areas such as the knee, elbow or other joints amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The NSAID, Ketoprofen specifically is not currently FDA approved for topical application due to a high incidence of photo contact dermatitis. It is additionally not recommended for Neuropathic pain. Lidocaine has been found to be helpful for localized peripheral pain, but only after a first-line therapy has been tried (such as a tricyclic, SNRI, or anti-epileptic) and only in the form of a patch, not creams, lotions or gels. Baclofen is specifically mentioned as a medication that is never recommended for topical usage. The MTUS does not discuss cyclobenzaprine as a topical. Three of the four medications contained within this retrospectively requested compounded analgesic are specifically not recommended by the MTUS. Thus the transdermal cream with Baclofen, Cyclobenzaprine, Ketoprofen and Lidocaine is not medically necessary.