

Case Number:	CM13-0002207		
Date Assigned:	07/24/2013	Date of Injury:	01/06/2003
Decision Date:	01/02/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	07/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, 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 physician 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.

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 patient is a 45-year-old female who reported an injury on 01/06/2003. The mechanism of injury was not provided in the medical records; however, clinical notes indicate that the patient is status post left shoulder surgery in 05/2012. The most recent physical examination of the patient is indicated as having occurred on 05/21/2013. The documentation submitted for review indicated the patient to have pain, weakness, and tingling continuing to the bilateral wrists and hands. Notes indicated acupuncture was helping; however, the patient still felt inflammation in both hands. Notes indicate that the patient was unable to tolerate medications for inflammation. On objective exam, the patient had decreased range of motion of the left and right wrists, cervical spine, and left shoulder, with positive Phalen's and Tinel's with bilateral hypoesthesia at C5 through T1 as well as facet joint tenderness noted on exam. Treatment plan notes indicated the patient was to continue with acupuncture 1 time every 2 weeks and that the patient was to receive a topical cream refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 10%, Cyclobenzaprine 3%, Lidocaine HCl 5%, PCCA Lidoderm base: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine their efficacy or safety, and that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages which include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control which includes nonsteroidal anti-inflammatory drugs (NSAIDs), opioids, Capsaicin, local anesthetics, antidepressants, glutamate receptor agonists, adenosine, cannabinoids, prostanoids, bradykinin, and nerve growth factor. However, there is little to no research to support the use of many of these agents and any compounded product that contains at least 1 drug or drug class that is not recommended, is therefore, not recommended. The current request under consideration is for ketoprofen 10%, Cyclobenzaprine 3%, Lidocaine 5%, PCCA Lidoderm base. Cyclobenzaprine is not recommended by the guidelines given that there is no evidence for the use of any muscle relaxant as a topical product. Furthermore, Ketoprofen is not FDA approved for topical application as there is a high incidence of photo contact dermatitis. Lidocaine is indicated by the guidelines as recommended for localized peripheral pain after there has been evidence of a trial of first line therapy to include tricyclic or serotonin-norepinephrine reuptake inhibitors (SNRI) antidepressants or an anti-epileptic drugs (AED) such as gabapentin or Lyrica. There is a lack of documentation submitted for review indicating that the employee has yet undergone treatment with the aforementioned medications, to warrant the use of Lidocaine. Furthermore, guidelines indicate that for Lidocaine there is only 1 trial which tested 4% Lidocaine for treatment of chronic muscle pain and the results showed there was no superiority over placebo. The request for ketoprofen 10%, Cyclobenzaprine 3%, Lidocaine HCl 5%, PCCA Lidoderm base is not medically necessary and appropriate.

Flurbiprofen 10%, Capsaicin 0.025%, menthol 2%, camphor 1%, and an Ultraderm base cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine their efficacy or safety, and that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages which include a lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control, which include nonsteroidal anti-inflammatory drugs (NSAIDs), opioids, Capsaicin, and local anesthetics as well as antidepressants, glutamate receptor agonists, alpha androgenic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, bradykinin, prostanoids, hygienic amines, and nerve growth factors; however, there is little to no research to support the use of many of these agents and any compounded product that contains at least 1 drug or drug class that is not recommended therefore, is not recommended. The current request for consideration is for

Flurbiprofen 10%, Capsaicin 0.025%, menthol 2%, camphor 1%, and an Ultraderm base cream. Nonsteroidal anti-inflammatories are recommended by the guidelines for a short course of therapy, essentially Final Determination Letter for IMR Case Number CM13-0002207 4 within 4 to 12 weeks, and they are indicated for osteoarthritis and tendonitis in particular to that of the knee or elbow, or other joints which are amenable with topical treatment. However, for neuropathic pain, NSAIDs are not recommended as there is no evidence to support their use. Capsaicin is recommended in a general formula of 0.025% and 0.075%. Additionally, Capsaicin is recommended only as an option in individuals who have not responded or are intolerant to other treatments. Menthol and camphor are not addressed specifically by the guidelines. While the documentation submitted for review indicates that the employee does have elbow pain with which a topical NSAID may be indicated and complaints of inflammation to the bilateral hands; there is a lack of documentation indicating that the employee has failed to respond or is intolerant to other treatments. Furthermore, there is insufficient indication to detail the specific locations that the Flurbiprofen/Capsaicin/menthol/camphor compound is to be used. The request for Flurbiprofen 10%, Capsaicin 0.025%, menthol 2%, camphor 1%, Ultraderm base cream is not medically necessary and appropriate.

dispensing fee times 16: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Analgesics Page(s): 111-113.

Decision rationale: Given that the medications submitted for review are not supported for use. The request for dispensing fee times 16 is not medically necessary and appropriate.