

Case Number:	CM13-0019925		
Date Assigned:	10/11/2013	Date of Injury:	07/14/2009
Decision Date:	01/17/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/04/2013

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 Board Certified in Emergency Medicine, and is licensed to practice in New York and Tennessee. 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. 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 patient was a fifty nine year old male with complaints of persistent pain in his neck, bilateral shoulders, and left elbow. The date of injury was July 14, 2009. Mechanism of injury was standing with his arms extended overhead for extended periods of time. Diagnoses included bilateral rotator cuff syndrome and cervical strain/sprain. Claims were submitted for topical compound creams Flurbiprofen 10%, /Capsaicin 0.25%/Menthol 2/1/5, #120 gms and Ketoprofen 10%/ Cyclobenzaprine 3%/ Lidocaine/5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound creams Flurbiprofen 10%/Capsaicin 0.25%/Menthol 2/1%,#120gms:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and treatments Page(s): 28, 111-112.

Decision rationale: The compound prescribed is a topical multidrug compound, which contains flurbiprofen, capsaicin, and menthol. Per Chronic Pain Medical Treatment Guidelines, only one medication should be given at a time and a trial should be given for each individual medication.

Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Capsaicin is recommended only as an option in patients who have not responded or cannot tolerate other treatments. It is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain and is considered experimental in high doses. Flurbiprofen is a non-steroidal anti-inflammatory drug. Topical NSAIDS have been shown to be superior to placebo, but only in the short term and not for extended treatment. The effect appears to diminish over time. Absorption of the medication can occur and may have systemic side effects comparable to oral form. Topical Lidocaine is indicated only for post-herpetic neuralgia, which is not the diagnosis in this case. There are no guidelines present for menthol. In this case the patient received multidrug compound for medication. This is not consistent with the recommendation for only one medication should be given at a time. The topical compound is not medically necessary in this case.

Ketoprofen 10%/Cyclobenzaprine 3%/Lidocaine 5%, #120gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and treatments Page(s): 41, 64, 111-112.

Decision rationale: The compound prescribed is a topical multidrug compound, which contains ketoprofen, cyclobenzaprine, and lidocaine. Per Chronic Pain Medical Treatment Guidelines, only one medication should be given at a time and a trial should be given for each individual medication. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Ketoprofen is a non-steroidal anti-inflammatory drug. Topical Non-steroidal anti-inflammatory drug (NSAIDS) have been shown to be superior to placebo, but only in the short term and not for extended treatment. The effect appears to diminish over time. Absorption of the medication can occur and may have systemic side effects comparable to oral form. Cyclobenzaprine is a muscle relaxant Chronic Medical Treatment Guidelines state that muscle relaxants should be used caution as a second-line option only. They may be effective in reducing pain, and muscle tension, and increasing mobility, but have been shown to have little benefit in back pain patients. Cyclobenzaprine is recommended as an option, for a short course of therapy, but not as a topical agent. When it is used, its greatest effect is in the first 4 days. Treatment should be brief. Lidocaine is recommended for localized peripheral pain after the evidence of trial for first-line therapy. It is only FDA approved for the treatment of post-herpetic neuralgia. The guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain. In this case the patient received multidrug compound for medication. This is not consistent with the recommendation for only one medication should be given at a time. The topical compound is not medically necessary in this case.

