

Case Number:	CM13-0024667		
Date Assigned:	11/20/2013	Date of Injury:	08/18/2003
Decision Date:	01/21/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/16/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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. 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 is a 72 year-old female. The date of injury was August 18, 2003. The mechanism of injury occurred when she slipped in the kitchen and hit her head on the refrigerator and fell forward and hit her knees and multiple body parts. The current diagnoses are: abdominal pain; heartburn; functional digestive disorder; acid reflux, likely secondary to NSAIDs. The treatment has included: Diagnostics; medications. In the most recent report on file, dated June 4, 2013, [REDACTED] notes: Patient is seen today for follow-up regarding her knees, lower waist, thighs, back and neck. These areas have become much more painful, particularly on the left side. Her knee locks. The patient has difficulty performing lateral movement, pushing, lifting and reaching. The patient wakes up with pain in her waist. The patient has difficulty being social because of her symptoms. At issue was whether the prescription of the following compound agents were medically necessary Cyclobenzaprine powder hcl, Gabapentin powder, Ketoprofen powder, Ethoxy liquid digycol, PCCA Lipoderm cream base.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine powder HCL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

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

Decision rationale: According to MTUS, the use of topical analgesics is largely experimental with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) 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. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, $\hat{I}\pm$ -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, \hat{I}^3 agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to MTUS (July 18, 2009) Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine powder HCL is not recommended for topical use, since there is no peer-reviewed literature to support use. According to CA-MTUS (effective July 18, 2009) page 113, There is no evidence for use of any other muscle relaxant as a topical product., therefore the request for Cyclobenzaprine powder HCL is not medically necessary.

Gabapentin powder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

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

Decision rationale: According to MTUS, the use of topical analgesics is largely experimental with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) 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. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, $\hat{I}\pm$ -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, \hat{I}^3 agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to MTUS (July 18, 2009) Chronic Pain Medical Treatment Guidelines, Gabapentin is not recommended for topical use, since there is no peer-reviewed literature to support use. According to CA-MTUS (effective July 18, 2009) page 113, there is no evidence for use of any

other antiepilepsy drug as a topical product, therefore the request for Gabapentin Powder is not medically necessary.

Ketoprofen powder, ethoxy liquid diglycol, PCCA Lipoderm cream base: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Guidelines

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

Decision rationale: According to MTUS, the use of topical analgesics is largely experimental with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) 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. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, $\hat{I}\pm$ -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, $\hat{I}\beta$ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to MTUS (July 18, 2009) Chronic Pain Medical Treatment Guidelines, ketoprofen is not currently FDA approved for a topical application. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore the prescription for Ketoprofen powder, Ethoxy liquid diglycol, PCCA Lipoderm cream base is not medically necessary. .