

Case Number:	CM13-0027951		
Date Assigned:	11/22/2013	Date of Injury:	10/21/2010
Decision Date:	02/11/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/23/2013

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 Occupational Medicine 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 32 year-old male with a work-related injury on 10/21/2010. The patient was treated with conservative care. Patient was previously diagnosed with GERD (gastroesophageal reflux disease) secondary to NSAID's. 08/19/13 PTP note patient had severe pain to his right knee and right wrist pain with swelling to the back of the wrist. States pain gets better with Aleve an Advil over the counter. Findings reveal tenderness and crepitus over the patellofemoral joint, weakness to knee extension, palpable cystic mass over the dorsal aspect of the wrist with tenderness. Diagnosis was right knee patellofemoral joint syndrome, right wrist pain with dorsal ganglion cyst and Internal Medicine diagnosis deferred to appropriate specialist. He recommended patient continue with oral anti-inflammatories, GERD diet and Dexilant 60 mg for proton pump inhibitor therapy. If pain worsened he will need follow up for reevaluation and injection to his right knee. If the cystic mass on his right wrist gets bigger he will be a candidate for excisional biopsy. An RFA (request for authorization) was placed for topical creams. 09/30/2013 PTP (primary treating provider) report states that patient cannot tolerate oral medication and that use of the topical creams have been helpful for control of symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (410/12 and 2/7/12) Flurbiprofen/capsaicin/menthol/camphor 20%/ 0.25%/ 0.5%, #120 30 day supply: Overturned

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.

Decision rationale: MTUS chronic pain guides do recommend topical analgesics but only in specific circumstances. This includes a failure of oral medications. This patient has been reportedly not been able to take oral NSAIDs for his knee and wrist. MTUS does state that topical NSAIDs may be beneficial for OA of the knee. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. (Biswal, 2006) These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). In addition, it does recommend capsaicin at this particular concentration. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations: Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. The number needed to treat in musculoskeletal conditions was 8.1. The number needed to treat for neuropathic conditions was 5.7. (Robbins, 2000) (Keitel, 2001) (Mason-BMJ, 2004) See also Capsaicin. Although MTUS does consider topical analgesics experimental, this patient has shown side effects to oral agents. It is unfortunate, because the records show relief with oral NSAIDs. The request for one month of this topical cream is appropriate; however, continued use may not meet guidelines and should be carefully evaluated.

Retrospective (2/7/12) Ketoprofen/cyclobenzaprine 10%/10%, #120 30 day supply: 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.

Decision rationale: MTUS chronic pain guides do recommend topical analgesics but only in specific circumstances. This includes a failure of oral medications. This patient has been reportedly not been able to take oral NSAIDs for his knee and wrist. The requested topical agent is ketoprofen/cyclobenzaprine. MTUS states, "Ketoprofen: This agent is not currently FDA

approved for a topical application. It has an extremely high incidence of photocontact dermatitis. (Diaz, 2006) (Hindsen, 2006)" The other topical requested is also an NSAID. The guides do not recommend ketoprofen topically. In addition the patient has been taking NSAIDs for a long period of time and this is not recommended in the guides as well. Therefore, the topical ketoprofen cream is not recommended.