

Case Number:	CM13-0030385		
Date Assigned:	11/27/2013	Date of Injury:	09/15/2003
Decision Date:	07/29/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	09/30/2013

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 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 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:

The patient is 61 year old female with date of injury on 09/15/2003 with no mechanism documented. She carries a diagnosis of cervical herniated disc, shoulder impingement, carpal tunnel syndrome status post release, right hand trigger finger, bilateral lateral epicondylitis, and reactive depression secondary to chronic pain. The notes provided state she uses Norco as needed, naproxen as needed, and Prilosec for gastric protection. The current request is for retrospective of topical compounded medications from 02/28/2013 of Ketoprofen, Cyclobenzaprine, and Lidocaine (10/3/5 %) 120 grams and Flurbiprofen, Capsaicin, Menthol and Camphor (10/0.025/1 %).

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO; KETOPROFEN, CYCLOBENZAPRINE, LIDO 10/3/5 % 120 GM (2/28/13):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: The MTUS guidelines state that one medication is trialed at a time and documentation of outcome; in terms of function and pain should be included. The MTUS also states that any topical compounded medication containing a drug or drug class that is not recommended, then the entire compound is not recommended. The current request is for compounded Ketoprofen, Cyclobenzaprine, and Lidocaine. Lidocaine is only approved topically as a Lidoderm patch. Topical Cyclobenzaprine has no evidence for its use topically. Based on this alone, let alone that no documentation of any trial of single agents in these compounded creams have been tried, the topical compounded medication is not medically necessary.

**RETRO: FLURBIPROFEN, CAPSAICIN, MENTHOL, CAMPHOR 10/0.025/1 %
(2/28/13):** Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: The MTUS guidelines state that one medication be trialed at a time and documentation of outcome; in terms of function and pain, be made. The MTUS also states that any topical compounded medication containing a drug or drug class that is not recommended, then the entire compound is not recommended. The current compounded medication contains Flurbiprofen, capsaicin, menthol and camphor. Capsaicin is only approved topically when all other medications have failed or there are intolerances to medications. There is no documentation to suggest failure of other types of drugs or outcomes of other trialed drugs. Furthermore, no trials of single agents are documented and therefore, there is no evidence to support this compounded medication and based on the guidelines, it is not medically necessary.