

Case Number:	CM13-0030386		
Date Assigned:	11/27/2013	Date of Injury:	09/15/2003
Decision Date:	01/13/2014	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 a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases 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 61 year old female who reported injury on 09/15/2003 with a not provided mechanism of injury. The patient was noted to have neck pain. The diagnosis were noted to include cervical HNP C4-5, bilateral shoulder impingement with tendinopathy, RTC, S/p CTR bilateral hands, trigger finger 3rd right hand, and Lateral epicondylitis bilateral elbows. The treatment plan included refills of Ketoprofen/Cyclobenzaprine/Lidocaine cream dispensed on 5/8/2013 and Flurbiprofen/Capsaicin/Menthol/Camphor cream dispensed on 5/8/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

The Ketoprofen/Cyclobenzaprine/Lidocaine topical dispensed on 5/8/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Cyclobenzaprine Lidocaine Page(s): 111; 41, 113; 112.

Decision rationale: California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They also indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of Ketoprofen, the guidelines state that this agent is not

currently FDA approved for a topical application. Cyclobenzaprine is also not approved as a topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product. The addition of cyclobenzaprine to other agents is not recommended. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Clinical documentation submitted for review indicated that the patient had neck pain, however, the rest of the note was illegible and it failed to document exceptional factors to warrant non-adherence to guideline recommendations. The request for the compounded topical cream is not medically necessary and appropriate.

The Flurbiprofen/Capsaicin/Menthol/Camphor cream dispensed on 5/8/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Flurbiprofen Capsaicin Page(s): s 111; 72; 112.

Decision rationale: Flurbiprofen is classified as a non-steroidal anti-inflammatory agent. The CA MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. Clinical documentation submitted for review indicated that the patient had neck pain, however, the rest of the note was illegible and it failed to document exceptional factors to warrant non-adherence to guideline recommendations. The request for the compounded topical is not medically necessary and appropriate.