

Case Number:	CM13-0040263		
Date Assigned:	12/20/2013	Date of Injury:	09/26/2008
Decision Date:	02/20/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/29/2013

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 Physical Medicine & Rehabilitation 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 62-year-old male who has a reported injury of 09/26/2008; also with a cumulative trauma injury from 01/22/2009 through 09/07/2009. The patient has been seen for persistent pain of the low back that is aggravated with usual activities. He also has neck pain that is aggravated by repetitive motions of the neck, as well as prolonged positioning of the neck, pushing, pulling, lifting, forward reaching, and working at or above the shoulder level. The patient was most recently seen on 11/21/2013 after having undergone a successful cervical hybrid reconstruction. The patient reports improvement in overall symptomatology. With respect to his upper extremities and the cervical spine, these have been much improved. The patient only states he has some postoperative headaches and nausea. He also admits to having continued problems with his prostate and some bleeding, as well as urinary incontinence and difficulty. Under the physical examination, it noted the patient's cervical spine revealed a well healing incision with no sign of infection. There is no wound dehiscence, although some cellulitis and erythema was noted around the surgical site. Neurovascular status is grossly intact in the upper extremities. There was tenderness at the subacromial space and acromioclavicular joint of the bilateral shoulders. There was also positive Hawkins and impingement signs, as well as limited range of motion and weakness of the left shoulder, left greater than right. Regarding the left wrist, there was a positive Tinel's and Phalen's signs, as well as a well healed left carpal tunnel release scar. There was some tenderness noted at the volar aspect of the left wrist and pain with terminal flexion. In the lumbar spine, there was tenderness noted at the lumbar paravertebral muscles and pain with terminal motion. The seated nerve root test was positive and there was dysesthesia at the L5 and S1 dermatomes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded Ketoprofen/Lidocaine/Capsaicin/Tramadol liquid: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to California MTUS, it states 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. Furthermore, it states many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha adrenergic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, Gamma agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In the case of this patient, documentation from the National Pharmacy states the intended use of these medications would be for transdermal application. Ketoprofen is not recommended for topical use and the only FDA approved formulation of Lidocaine is Lidoderm Patch. Because the requested service includes ingredients listed in the non-recommended topical analgesic group, the requested service cannot be warranted. As such, the requested service is non-certified.

Compounded Flurbiprofen/Cyclobenzaprine/Capsaicin/Lidocaine liquid: Upheld

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

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

Decision rationale: According to California MTUS, it states 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. Furthermore, it states many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha adrenergic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, Gamma agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In the case of this patient, documentation from the National Pharmacy states the intended use of these medications would be for transdermal application. The percentage of Capsaicin was not provided and muscle

relaxants are not recommended for topical use by CA MTUS. Because the requested service includes ingredients listed in the non-recommended topical analgesic group, the requested service cannot be warranted. As such, the requested service is non-certified.