

Case Number:	CM13-0046117		
Date Assigned:	04/16/2014	Date of Injury:	05/14/1998
Decision Date:	06/11/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/12/2013

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 Orthopedic Surgery and is licensed to practice in Arizona. 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:

This is a 56-year-old female who sustained an injury on 5/14/1998. The injury caused third-degree burns of the right leg and a reported left Achilles tendon tear. In addition to this she also complained of neck pain and cervical radiculitis together with pain in the lower back. The patient underwent a C4-C5 disc replacement, a C5-C7 anterior discectomy and cervical fusion and a lumbar fusion from L2 to the sacrum. She continues to complain of pain in her neck and left shoulder which radiates into her left arm. She also complains of numbness, paresthesia and weakness in her left arm. The pain is improved with ice, non-steroidal anti-inflammatory drugs (NSAIDs), rest, and heat applications to her arm. The patient also complains of pain in the low back area with radiation of pain predominately down her left leg. She has difficulty sitting, standing, or walking for more than 10-15 minutes. Her left leg periodically gives out on her. A request was made for 2 topical compounded medications for the patient to use. Request for authorization was made on 10/2/2013. On 8/23/2013, a request was also made for a number of oral medications including naproxen, omeprazole, ondansetron, cyclobenzaprine, tramadol, Medrox, Quazepam, Sumatriptan, and levofloxacin.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN/CYCLOBENZAPRINE/CAPSAICIN/LIDOCAINE NEW
10%2%0.0125%1% DOS 9-30-13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS,(COMPOUND ANALGESIC) AGENTS Page(s): 105, AND THE CHRONIC PAIN GUIDELINES, (COMPOUND ANALGESIC) AGENTS, PAGES 123-125.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS, Page(s): 111-113.

Decision rationale: These types of medications are largely experimental and primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little or no research to support the use of many of these agents. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent. The above agent contains cyclobenzaprine. According to the chronic pain guidelines, there is no evidence for use of any other muscle relaxants as a topical product. Therefore, since this compounded product contains a chemical class that is not recommended, the medical necessity has not been established.

KETPROFEN/LIDOCAINE/CAPSAICIN/TRAMADOL 15%1%0.012%5% DOS
9/30/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS,(COMPOUND ANALGESIC) AGENTS, Page(s): 105, AND THE CHRONIC PAIN GUIDELINES, (COMPOUND ANALGESIC) AGENTS, PAGES 123-125.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS, Page(s): 111-113.

Decision rationale: This compound contains tramadol and ketoprofen. Ketoprofen is not currently FDA approved for a topical application and it has an extremely high incidence of photo contact dermatitis. A topical treatment can result in blood concentrations and systemic effects comparable to those from the oral forms. There is no documentation in the medical record that all the oral medication that the patient was taken was discontinued prior to the request for topical analgesics. The patient was taking naproxen orally as well as tramadol. There is no documentation concerning the cumulative effect of taking tramadol topically as well as orally nor is there documentation about the cumulative effect of the non-steroidal anti-inflammatory agents, ketoprofen and naproxen. Therefore based on the above concerns, the medical necessity of this compound has not been established.