

Case Number:	CM13-0047044		
Date Assigned:	12/27/2013	Date of Injury:	05/02/2012
Decision Date:	02/21/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/04/2013

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 and is licensed to practice in New York. 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 58 year old man with a history of injury 5/2/12. He states diagnoses include cervical and lumbar discopathy, bilateral carpal tunnel syndrome, left knee medial meniscus tear and degenerative joint disease. On 4/23/13, the pt was on Tramadol, Oneprazole, Medrox ointment, Ondansetron, Naprosyn and Cycobenzaprine. On 9/24, the patient complains of cervical spine, bilateral upper extremity, lumbar spine and knee pain. A reported request for Keto Lido cap tram spray and Flur cyto spray was denied 10/24/13 by utilization review. An appeal was made 11/4/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keto Lido Cap Tram Med 15%, 1%, 0.12% 5% liquid, refill one; quantity 60 spray:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112,146.

Decision rationale: This medicine reportedly contains Tramadol, Lidocaine, Capsaicin and Ketoprofen. Per MTUS guidelines, any compounded product that contains at least one drug that

is not recommended is not recommended. Lidocaine is not recommended for non neuropathic pain. There was no superiority over placebo for chronic muscle pain. Further research is needed to recommend lidocaine for chronic neuropathic pain disorders other than post-herpetic neuralgia. Topical lidocaine, other than lidoderm, is not indicated for neuropathic pain. Furthermore, the FDA notified in 2007 of the potential hazards of topical lidocaine. Capsaicin is recommended only as an option in patients who have not responded to other medications. Regarding Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. There is no noted reason in the record as to why this particular medicine is being prescribed. Based on the above, the UR decision remains.

Flur Cyclo Caps ID 10%, 2% 0.0125%, 1% liquid quantity 120 spray: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112,146.

Decision rationale: This medicine reportedly contains Flurbiprofen, Capsaicin and Cyclobenzaprine. Per MTUS guidelines: There is no evidence for use of any muscle relaxant as a topical product. Regarding (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. 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. (Lin, 2004) (Bjordal, 2007) (Mason, 2004) 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). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. MTUS states that 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. The chart does not indicate why the med is being prescribed. Base on the above, the UR decision is not overturned.