

Case Number:	CM13-0047051		
Date Assigned:	12/27/2013	Date of Injury:	12/17/2010
Decision Date:	04/25/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	11/04/2013

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 Emergency Medicine and is licensed to practice in New York and Tennessee. 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 a 51-year-old female who was injured on December 17, 2010. The patient continued to experience pain in her right shoulder and neck. Physical examination was notable for positive Tinel sign and positive Spurling sign on the right side. MRI of the cervical spine revealed moderate cervical spinal stenosis with central and bilateral neural foraminal protrusion at C3-4 and C4-5. Diagnoses included disc protrusion at C3-4 and C4-5 with degenerative disc disease and cervical stenosis with C3-4 and C4-5 radiculitis. The patient had undergone arthroscopic surgery of the right shoulder in July 2013. The patient was receiving postoperative physical therapy twice weekly. She was also being treated with Lortab and topical analgesics. Request for authorization for compound Flurbiprofen, ketoprofen, Ketamine, gabapentin, cyclobenzaprine, capsaicin 120 gm was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPMD FLURBIPROFEN, KETOPROFEN, KETAMINE, GABAPENTIN, CYCLOBENZAPRINE, and CAPSAICIN QTY: 120 GRAMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 56,111-113.

Decision rationale: Compound Flurbiprofen, ketoprofen, Ketamine, gabapentin, cyclobenzaprine, and capsaicin are a topical analgesic. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Flurbiprofen and ketoprofen are non-steroidal anti-inflammatory drugs (NSAIDs). Topical NSAIDs have been shown to be superior to placebo in the treatment of osteoarthritis, but only in the short term and not for extended treatment. The effect appears to diminish over time. Absorption of the medication can occur and may have systemic side effects comparable to oral form. Adverse effects for GI toxicity and renal function have been reported. Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. Absorption of the drug depends on the base it is delivered in. Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. It is not recommended. Flurbiprofen is recommended as an oral agent for the treatment of osteoarthritis and the treatment of mild to moderate pain. It is not recommended as a topical preparation. Ketamine use is under study. It is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Cyclobenzaprine is a muscle relaxant. There is no evidence for use muscle relaxant as a topical product. Capsaicin is recommended only as an option in patients who have not responded or cannot tolerate other treatments. It is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain and is considered experimental in high doses. This compounded medication contains medications that are not recommended. Therefore the compounded medication is not recommended.