

Case Number:	CM13-0052650		
Date Assigned:	12/30/2013	Date of Injury:	09/28/2009
Decision Date:	04/30/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/15/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 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 female patient with the date of injury of September 28, 2009. A Re-evaluation and Progress Report dated May 10, 2013, identifies persistent pain of the low back that occasionally flares up with muscle spasm. The pain of the upper extremities and lower extremities remains unchanged. Physical Examination identifies tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm. Axial loading compression test and Spurling's maneuver are positive. There is painful and restricted cervical range of motion. There is tenderness from the mid to distal lumbar segments with spasm. There is pain with terminal motion. Seated nerve root test is positive. There is tenderness at the knee joint line. There is a positive patellar compression test. There is positive McMurray's sign. There is pain with terminal flexion, right side greater than left. Diagnoses identify lumbar discopathy/facet arthropathy, internal derangement right knee, left knee pain, right elbow sprain/strain, and EMG/NCV study evidence of moderate bilateral carpal tunnel syndrome and peripheral neuropathy. The Treatment Plan identifies medications dispensed on 10/14/2013: Flur/Cyclo/Caps/Lid/10%/2%/0.0125%/1% with 1 refill and Ketop/Lido/Cap/Tram 15%/1%/0.125% with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO: COMPOUNDED DRUG: FLURBIPROFEN/CYCLOBENZAPRINE/
CAPSAICIN/LIDOCAINE:** Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one non-recommended drug or drug class is not recommended for use. Regarding the use of topical nonsteroidal anti-inflammatory drugs (NSAIDs), the guidelines state that 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 1st 2 weeks of treatment of osteoarthritis, but either not afterwards, or with the diminishing effect over another two-week period. Regarding the use of muscle relaxants, the Chronic Pain Medical Treatment Guidelines state that topical muscle relaxants are not recommended. They go on to state that there is no evidence for the use of any muscle relaxants as a topical product. Regarding the use of capsaicin, the guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Regarding the use of topical lidocaine, the guidelines state that it is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used for short duration. There is no documentation of localized peripheral pain with evidence of failure of first-line therapy as recommended by guidelines prior to the initiation of topical lidocaine. Furthermore, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of capsaicin therapy. Finally, topical muscle relaxants are not supported by the guidelines. Therefore, the compounded drug provided on 10/14/2013 was not medically necessary or appropriate.

**RETRO: COMPOUNDED DRUG: KETOPROFEN/LIDOCAINE/
CAPSAICIN/TRAMADOL:** Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one non-recommended drug or drug class is not recommended for use. Regarding the use of topical nonsteroidal anti-inflammatory drugs (NSAIDs), the guidelines state that 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 1st 2 weeks of treatment of osteoarthritis, but either not afterwards, or with the diminishing effect over another two-week period. Regarding the use of topical lidocaine, the guidelines state that it is recommended for localized peripheral pain

after there is evidence of a trial of first-line therapy. Regarding the use of capsaicin, the guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used for a short duration. There is no documentation of localized peripheral pain with evidence of failure of first-line therapy as recommended by guidelines prior to the initiation of topical lidocaine. Furthermore, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of capsaicin therapy. Therefore, the compounded drug provided on 10/14/2013 was not medically necessary or appropriate.