

Case Number:	CM13-0053547		
Date Assigned:	12/30/2013	Date of Injury:	02/26/2011
Decision Date:	05/28/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/18/2013

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 Occupational Medicine, 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:

The patient is a 41 year old female who was injured on February 26, 2011 when she slipped and hurt her left foot and ankle. Prior treatment history has included steroid injections, Naproxen and hydrocodone. The patient underwent a lumbar epidural injection on October 4, October 28, and November 11, 2011. Diagnostic studies reviewed include x-ray of the left ankle and foot showed no evidence of fractures or abnormalities. MRI of the lumbar spine performed on September 13, 2011 revealed L4-L5, bilateral facet hypertrophy. There is a 2.1 mm posterior central and left paracentral disc protrusion. MRI of the left ankle performed on March 13, 2013 revealed mild amount of fluid in the left ankle joint, but the ankle mortise is preserved. There is no osteochondral defect or trabecular fracture was noted. There is a mild amount of fluid within the flexor digitorumlongus tendon sheath, consistent with tenosynovitis changes, but no evidence for tear. Electrodiagnostic studies of the bilateral upper extremities performed on March 12, 2013 revealed abnormal NCS with right moderate compression of the median nerve at the carpal tunnel. Electrodiagnostic studies of the bilateral lower extremities performed on March 12, 2013 revealed no evidence of peripheral neuropathy and a normal EMG, with no evidence of active lumbar radiculopathy. PR2 dated January 30, 2014 indicated the patient has complaints of burning, radicular neck pain, rated 7-8/10 that is constant, moderate to severe; numbness, tingling and pain in to both shoulders with a burning sensation between the shoulder blades. She complains of burning, radicular low back which she rates 7-8/10 that is constant, moderate to severe with numbness, tingling and pain into both legs. She has burning with left ankle pain rated as 7-8/10 that is constant and moderate to severe. The patient states that the symptoms persist but the medications do offer her temporary relief of pain and improve her ability to have restful sleep. She denies any problems with the medications. The pain is also alleviated by activity restrictions. Objective findings on examination of the cervical spine revealed tenderness of the

occiputs, trapezius, levator scapula muscles; and splenius and scalene. She has decreased range of motion. Spurling's distraction and compression is positive; Sensation is slightly diminished; Motor strength is 4/5 bilaterally. Examination of the lumbar spine revealed the patient is able to perform heel and toe walk but has pain with heel walking. She is tender over the paraspinals, quadratuslumborum, bilateral PSISs, lumbosacral junction, left sciatic notch. She has decreased range of motion; Tripod, Flip positive. The left ankle revealed tenderness lateral and medial malleolus, top of the forefoot with decreased range of motion. The left ankle sensation is slightly diminished and motor strength is 4/5 bilaterally. The patient is diagnosed with 1) Cervicalgia; 2) Cervical spine radiculopathy; 3) Lumbago; 4) Lumbar radiculopathy; and 5) Left ankle internal derangement. First report of occupational illness dated November 28, 2011 indicated the patient developed pain in the neck, mid-back and low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND CYCLOBENZAPRINE - CAPSAICIN - LIDOCAINE - FLURBIPROFEN SPRAY: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, topical analgesics are an option with specific indications. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs [non-steroidal anti-inflammatory drugs], opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, $\hat{I}\pm$ -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, \hat{I}^{β} 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. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. In this compound, cyclobenzaprine is a central muscle relaxant, which is not recommended for topical use. Any compounded product that contains at least one drug that is not recommended is not recommended. Therefore, the request for compound cyclobenzaprine - capsaicin - lidocaine - flurbiprofen spray is not medically necessary or appropriate.

COMPOUND KETOPROFEN - LIDOCAINE - TRAMADOL - CAPSAICIN SPRAY: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, topical analgesics are as an option with specific indications, many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, $\hat{I}\pm$ -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, \hat{I}^3 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. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Ketoprofen is not currently FDA approved for topical application due to an extremely high incidence of photocontact dermatitis. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for compound ketoprofen - lidocaine - tramadol - capsaicin spray is not medically necessary or appropriate.