

Case Number:	CM13-0058503		
Date Assigned:	12/30/2013	Date of Injury:	08/02/1999
Decision Date:	03/24/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	11/27/2013

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 Physical Medicine & Rehabilitation has a subspecialty in Interventional Spine 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 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:

This patient reported with an 8/2/1999 industrial injury claim. According to the rheumatology report from [REDACTED] on 10/17/13, the patient had been diagnosed with RSD of a lower extremity; myalgia, and cervical disc displacement. She presented with ongoing total body pain, chronic fatigue and problem sleeping. [REDACTED] recommended continuing the compounded topical composed of Flurbiprofen, lidocaine, menthol and camphor. On 11/20/13, UR recommended a retrospective denial of the compound medications composed of Ketoprofen, cyclobenzaprine, capsaicin, menthol and camphor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for compound medications: Ketoprofen 10%/Cyclobenzaprine 3%/Capsaicin 0.0375%/Menthol 2%/Camphor 1% x 2 refills, DOS: 9/28/13: Upheld

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

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

Decision rationale: The patient presents with whole body pain, and had been diagnosed with reflex sympathetic dystrophy (RSD) and myofascial pain. I am asked to review for a compounded topical medication that contains Ketoprofen, cyclobenzaprine, capsaicin 0.0375%. On page 111, under topical analgesics, MTUS gives a general statement about compounded products: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS also states Ketoprofen is not FDA approved for topical applications. Any compounded topical product that contains Ketoprofen would not be recommended. On further review of MTUS, cyclobenzaprine topical is not recommended, so any compounded topical with cyclobenzaprine would not be recommended; and Capsaicin in concentrations over 0.025% is not recommended for OA, and .075% concentrations for post-herpetic neuralgia, or diabetic neuropathy or post-mastectomy pain.