

Case Number:	CM13-0062750		
Date Assigned:	12/30/2013	Date of Injury:	09/06/2007
Decision Date:	07/14/2014	UR Denial Date:	11/30/2013
Priority:	Standard	Application Received:	12/09/2013

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 Internal 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:

Patient is an injured worker with cervical disc disease and left shoulder impingement. Date of injury was 09-06-2007. Agreed Medical Evaluation (AME) report dated August 29, 2013 by [REDACTED] provided a case summary. Diagnoses: 1. Cervical disc disease. 2. Left shoulder impingement. Objective factors of disability: Muscle guarding, cervical spine; Disc disease with neuroforaminal narrowing at C4-C5, cervical spine, per MRI scan report; MRI scan report, left shoulder, indicating impingement; Decreased range of motion, left shoulder; Decreased motor strength, left shoulder; Decreased range of motion, cervical spine. Physical findings: Muscle guarding, cervical spine; Disc disease with neuroforaminal narrowing at C4-C5, cervical spine, per MRI scan report; MRI scan report, left shoulder, indicating impingement; Decreased range of motion, left shoulder; Decreased motor strength, left shoulder; Decreased range of motion, cervical spine; Tenderness to palpation, paracervical region; Tenderness to palpation, left shoulder. PR-2 progress report 11-25-2013 documented hypertension, left ventricular hypertrophy, pedal edema, morbid obesity. Hydrochlorothiazide 25 mg daily and Atenolol 50 mg daily were prescribed. Request for authorization (RFA) documented hypertension and heart disease and requested Omron BP machine. Utilization review dated 11-30-2013 recommended non-certification of the request for Flur/Cyclo/Caps/Lid liquid and Keto/Lido/Cap/Tram liquid.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLUR/CYCLO/CAPS/LID 10%2%0.0125%1% 120 GM LIQUID WITH 3 REFILLS:
Upheld

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

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

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses topical analgesics. Regarding topical NSAIDs, there are no long-term studies of their effectiveness or safety. There is no evidence for use of muscle relaxant as a topical product. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Lidocaine is indicated for neuropathic pain. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). For non-neuropathic pain, Lidocaine is not recommended. Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines has a warning about NSAIDs and hypertensive patients: All NSAIDs have the potential to raise blood pressure in susceptible patients. The greatest risk appears to occur in patients taking the following anti-hypertensive therapy: angiotensin-converting enzyme (ACE) inhibitors; angiotensin receptor blockers; beta-blockers; or diuretics. In addition congestive heart failure may develop due to fluid retention. Patient is an injured worker with cervical disc disease and left shoulder impingement. Medical records documented hypertension, left ventricular hypertrophy, heart disease, pedal edema, morbid obesity. Hydrochlorothiazide 25 mg daily and Atenolol 50 mg daily were prescribed. Because the patient has a history of hypertension, heart disease, left ventricular hypertrophy, pedal edema, morbid obesity, diuretic and beta-blocker prescriptions, NSAIDs are not recommended. Flurbiprofen is an NSAID. Cyclobenzaprine is a muscle relaxant. MTUS guidelines states: There is no evidence for use of muscle relaxant as a topical product. There is no documentation of the patient not responding or being intolerant to other treatments. Per MTUS guidelines, Capsaicin is not recommended. There is no documentation of trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). Per MTUS guidelines, Lidocaine is not recommended. Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. MTUS guidelines and medical records do not support the medical necessity of topical Flurbiprofen, Cyclobenzaprine, Capsaicin, or Lidocaine. Therefore, the request for FLUR/CYCLO/CAPS/LID 10% 2% 0.0125% 1% 120 GM LIQUID WITH 3 REFILLS is Not medically necessary.

KETO/LIDO/CAP/TRAM (MED) 15% 1% 0.012/5% 60 GM LIQUID WITH 3 REFILLS:
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: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses topical analgesics. Regarding topical NSAIDs, there are no long-term studies of their effectiveness or safety. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Lidocaine is indicated for neuropathic pain. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). For non-neuropathic pain, Lidocaine is not recommended. Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines has a warning about NSAIDs and hypertensive patients: All NSAIDs have the potential to raise blood pressure in susceptible patients. The greatest risk appears to occur in patients taking the following anti-hypertensive therapy: angiotensin-converting enzyme (ACE) inhibitors; angiotensin receptor blockers; beta-blockers; or diuretics. In addition congestive heart failure may develop due to fluid retention. Patient is an injured worker with cervical disc disease and left shoulder impingement. Medical records documented hypertension, left ventricular hypertrophy, heart disease, pedal edema, morbid obesity. Hydrochlorothiazide 25 mg daily and Atenolol 50 mg daily were prescribed. Because the patient has a history of hypertension, heart disease, left ventricular hypertrophy, pedal edema, morbid obesity, diuretic and beta-blocker prescriptions, NSAIDs are not recommended. Ketoprofen is an NSAID. MTUS guidelines state that Ketoprofen is not currently FDA approved for a topical application, and is a non FDA-approved agent. There is no documentation of trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Per MTUS guidelines, Lidocaine is not recommended. There is no documentation of the patient not responding or being intolerant to other treatments. Per MTUS guidelines, Capsaicin is not recommended. Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. MTUS guidelines and medical records do not support the medical necessity of compounded topical liquid containing Ketoprofen, Lidocaine, Capsaicin, and Tramadol. Therefore, the request for KETO/LIDO/CAP/TRAM (MED) 15% 1% 0.012/5% 60 GM LIQUID WITH 3 REFILLS: is Not medically necessary.