

Case Number:	CM14-0000289		
Date Assigned:	05/07/2014	Date of Injury:	09/29/2013
Decision Date:	07/09/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	12/30/2013

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 34-year-old female who has submitted a claim for a strain and sprain of the wrist associated with an industrial injury date of September 29. Medical records from 2013-2014 were reviewed showing that the patient complains of wrist pain graded 7-8/10, accompanied by neck, low back and knee pain. On physical examination, there was tenderness on the cervical area posteriorly, lumbar area posteriorly at L2-5, and wrist. There was also restricted extension of the neck and flexion of the knee. The treatment to date has included chiropractic, acupuncture and use of a non-steroidal anti-inflammatory drug (NSAID), specifically Naproxen. The utilization review from December 24, 2013, denied the request for flurbiprofen/ capsaicin/ menthol/ ketoprofen/cyclobenzaprine/lidocaine compound cream, because it is only recommended as an option for those who cannot tolerate oral treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN/CAPSAICIN/MENTHOL/KETOPROFEN/CYCLOBENZAPRINE/LIDOCAINE COMPOUND CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113, 105. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN (UPDATED 11/14/2013).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CAPSAICIN, TOPICAL; TOPICAL ANALGESICS Page(s): 28, 111-113. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN SECTION, TOPICAL SALICYLATE.

Decision rationale: The Chronic Pain Guidelines indicate that there is little to no research for the use of flurbiprofen in compounded products. Regarding the Capsaicin component, the guidelines indicate that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments. Regarding the Menthol component, the guidelines do not cite specific provisions, but the Official Disability Guidelines state that the FDA has issued an alert in 2012 indicating that topical over-the-counter (OTC) pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. There is no evidence to support the use of cyclobenzaprine and lidocaine in creams, lotions or gels. In this case, there was no evidence of failure or intolerance to oral medications that may necessitate prescription for a topical drug. Moreover, the requested medication contains components that are not recommended for topical use. Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request is not medically necessary.