

Case Number:	CM14-0004037		
Date Assigned:	02/05/2014	Date of Injury:	11/27/2007
Decision Date:	07/03/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/09/2014

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 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 injured worker is a 53-year-old female who reported an injury on 11/27/2007 secondary to an unknown mechanism of injury. Her diagnoses include lumbar discopathy, internal derangement of the right knee, bilateral shoulder pain, bilateral carpal tunnel syndrome, internal derangement of the left knee, and fracture of the left foot. According to the medical records submitted for review, the injured worker underwent a reconstruction of C3-6 on 07/13/2012. The injured worker was evaluated on 08/06/2013 and reported hip pain, left foot pain, neck popping, and stiffness. She also reported pain in her leg, bilateral shoulders, bilateral wrists, and bilateral knees. On physical examination, she was noted to have tenderness to palpation of the cervical and lumbar spine. She was also noted to have a positive seated nerve root tests with dysthesia at the L5-S1 dermatomes and weakness of the ankles and toes. She was noted to have a positive impingement sign on both shoulders and positive Tinel's and Phalen's signs on the wrist bilaterally. It was noted that the injured worker had recently undergone a gastric bypass surgery and that she was unable to take oral medications. As such, she was prescribed Medrox patches and LenzaGel. The injured worker was recommended to follow-up with her specialist and to return to the clinic on an as-needed basis. A request was submitted for a topical spray. The documentation submitted for review failed to provide a Request for Authorization form.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 2% / CAPSAICIN 0.125% / LIDOCAINE 1% / KETOPROFEN 10% CREAM REFILL: 1 QTY: 120 DAYS: 30 SPRAY 2-3 TIMES A DAY TO SITE OF PAIN FOR SYMPTOMS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The request for (cyclobenzaprine 2% / capsaicin 0.125% / lidocaine 1% / ketoprofen 10%) cream refill: 1 quantity: 120 days: 30 spray 2 to 3 times a day to the site of pain for symptoms is not medically necessary. The California MTUS guidelines state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. These guidelines state that there is no evidence for use of muscle relaxants such as cyclobenzaprine as a topical product. Additionally, the guidelines do not support capsaicin formulations greater than 0.025%, as there is no current indication that an increase over 0.025% would provide any further efficacy. The request as written includes capsaicin 0.125%. The request as written also includes lidocaine 1%. Lidoderm is the only topical formulation of lidocaine supported by the evidence based guidelines. The requested medication also contains 10% ketoprofen. The guidelines state that ketoprofen has an extremely high incidence of photocontact dermatitis. It is not currently FDA approved for topical application. Furthermore, the guidelines state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The requested medication contains at least 3 drugs that are not recommended. Moreover, the documentation submitted for review fails to provide recent documentation of subjective reports of pain and objective physical examination findings in order to warrant the use of a topical analgesic. There is no documented rationale regarding a prescription for the requested medication. In the absence of a documented rationale or a recent physical examination, and based on guideline recommendations regarding topical analgesics, there is insufficient evidence to warrant the use of the requested medication. As such, the request for (cyclobenzaprine 2% / capsaicin 0.125% / lidocaine 1% / ketoprofen 10%) cream refill: 1 quantity: 120 days: 30 spray 2 to 3 times a day to site of pain for symptoms is not medically necessary.