

Case Number:	CM14-0004679		
Date Assigned:	01/22/2014	Date of Injury:	01/27/2013
Decision Date:	06/26/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/13/2014

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, has a subspecialty in Pain Management, 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 44-year-old male who reported a cumulative trauma injury on January 27, 2013. He has been diagnosed with cervical strain/sprain; bilateral trapezius strain, and bilateral carpal tunnel syndrome. According to the January 15, 2014 general surgery report from [REDACTED], the patient presents with 7/10 pain in the cervical spine that radiates to both shoulders. Tinel's and Phalens are positive, and [REDACTED] recommends acupuncture, chiropractic, topical creams, UDT, pain management referral, orthopedic referral and FCE. On 1/3 UR recommended non-certification for compounded topical creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN/CAPSAISIN/MENTHOL 10/.25/2/1% (120GM) FOR BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111-113

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

Decision rationale: According to the January 15, 2014 general surgery report from [REDACTED], the patient presents with 7/10 pain in the cervical spine that radiates to both shoulders. There is also bilateral carpal tunnel syndrome. I have been asked to review for a compounded topical medication containing flurbiprofen 10%, capsaicin 0.25%, menthol 2%. The Chronic Pain Medical Treatment Guidelines 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." The Chronic Pain Medical Treatment Guidelines states topical anagesics are: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed" And for Capsaicin, the Chronic Pain Medical Treatment Guidelines states: "Recommended only as an option in patients who have not responded or are intolerant to other treatments." There is no indication that the patient has tried antidepressants or anticonvulsants prior to the compounded topical that contains capsaicin. The use of capsaicin would not be in accordance with the Chronic Pain Medical Treatment Guidelines, based on the information provided. The request for Flurbiprofen/Capsaisin/Menthol 10/.25/2/1%, 120 grams for bilateral upper extremities, is not medically necessary or appropriate.

KETOPROFEN/CYCLOBENZAPRINE/LIDOCAINE 10%/3%/5% (120GM) FOR BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111-113

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

Decision rationale: According to the Janaury 15, 2014 general surgery report from [REDACTED], the patient presents with 7/10 pain in the cervical spine that radiates to both shoulders. There is also bilateral carpal tunnel syndrome. I have been asked to review for a compounded topical medication containing ketoprofen, cyclobenzaprine and lidocaine. The Chronic Pain Medical Treatment Guidelines states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The Chronic Pain Medical Treatment Guidelines specifically states ketoprofen is not FDA approved for topical applications. The request for Ketoprofen/Cyclobenzaprine/Lidocaine 10%/3%/5%, 120 grams for bilateral upper extremities, is not medically necessary or appropriate.