

Case Number:	CM14-0006820		
Date Assigned:	02/07/2014	Date of Injury:	11/09/2012
Decision Date:	07/14/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/17/2014

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 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 47-year-old female who has submitted a claim for cervical and lumbar spine sprain / strain associated with an industrial injury date of November 9, 2012. Medical records from 2012 to 2013 were reviewed. Patient complained of neck pain radiating towards the left upper extremity. Patient likewise complained of low back pain radiating to the left gluteal area. Aggravating factors included prolonged sitting, running, cooking, and cleaning; alleviating factors included massage, hot tub, and yoga. Physical examination revealed limited range of motion on both the cervical and lumbar spine. Upper extremity reflexes were graded 1+. Motor exam and sensation were normal. Treatment to date has included chiropractic care, acupuncture, physical therapy, and medications such as Soma, Tylenol, Restoril, Xanax, and topical products.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 COMPOUND FLURBIPROFEN 10%, AMITRIPTYLINE 1%, GABAPENTIN 6%, LIDOCAINE 2%, PRILOCAINE 2% IN LAM, 240 GM: Upheld

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

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

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, there is little to no research as for the use of flurbiprofen in compounded products. Topical formulations of lidocaine and prilocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Amitriptyline is a tricyclic antidepressant considered first-line agents, but there is no discussion regarding topical application of this drug. The MTUS does not support the use of both opioid medications and gabapentin in a topical formulation. In this case, compounded products were prescribed as adjuvant therapy for oral medications. However, there is no discussion concerning the need for five different topical medications. In addition, certain components of this compound are not recommended for topical use. The 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 for 2 compounds Flurbiprofen 10%, Amitriptyline 1%, Gabapentin 6%, Lidocaine 2%, Prilocaine 2% in lam, 240 gm is not medically necessary and appropriate.

1 COMPOUND FLURBIPROFEN 10%, CYCLOBENZAPRINE 1%, GABAPENTIN 6%, LIDOCAINE 2%, PRILOCAINE 2% IN LAM, 240 GM: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, state that there is little to no research as for the use of Flurbiprofen in compounded products. Topical formulations of lidocaine and prilocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. The MTUS does not support the use of both opioid medications and gabapentin in a topical formulation. Cyclobenzaprine is not recommended for use as a topical analgesic. In this case, compounded products were prescribed as adjuvant therapy for oral medications. However, there is no discussion concerning the need for five different topical medications. In addition, certain components of this compound are not recommended for topical use. The 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 for 1 compound Flurbiprofen 10%, Cyclobenzaprine 1%, Gabapentin 6%, Lidocaine 2%, Prilocaine 2% in lam, 240 gm is not medically necessary and appropriate.

3 COMPOUND FLURBIPROFEN 10%, PRILOCAINE 2%, TOPIRAMATE 2.5%, MELOXICAM 0.09%, DIMETHYL SULFOXIDE (DMSO) 10.625% TOPICAL CREAM, 480 GM: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, state that there is little to no research as for the use of flurbiprofen in compounded products. Topical formulations of lidocaine and prilocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. The MTUS does not support the use of both opioid medications and anti-epileptic drugs (i.e., topiramate) in a topical formulation. Topical NSAIDs formulation is only supported for diclofenac in the California MTUS. In this case, compounded products were prescribed as adjuvant therapy for oral medications. However, there is no discussion concerning the need for five different topical medications. In addition, certain components of this compound are not recommended for topical use. The MTUS 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 for 3 compounds Flurbiprofen 10%, Prilocaine 2%, Topiramate 2.5%, Meloxicam 0.09%, Dimethyl Sulfoxide (DMSO) 10.625% topical cream, 480 gm is not medically necessary and appropriate.

4 COMPOUND KETOPROFEN 10%, CYCLOBENZAPRINE 5%, LIDOCAINE 2% IN LIPODERM: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, state that Ketoprofen is not recommended for topical use as there is a high incidence of photo contact dermatitis. Topical formulations of lidocaine and prilocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Cyclobenzaprine is not recommended for use as a topical analgesic. In this case, compounded products were prescribed as adjuvant therapy for oral medications. However, there is no discussion concerning the need for five different topical medications. In addition, certain components of this compound are not recommended for topical use. The MTUS 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 for 4 compounds Ketoprofen 10%, Cyclobenzaprine 5%, Lidocaine 2% in Lipoderm is not medically necessary and appropriate.

4 COMPOUND KETOPROFEN 10%, GABAPENTIN 3%, LIDOCAINE 2% IN LIPODERM: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, state that Ketoprofen is not recommended for topical use as there is a high incidence of photo contact

dermatitis. Topical formulations of lidocaine and prilocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Cyclobenzaprine is not recommended for use as a topical analgesic. In this case, compounded products were prescribed as adjuvant therapy for oral medications. However, there is no discussion concerning the need for five different topical medications. In addition, certain components of this compound are not recommended for topical use. The MTUS 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 for 4 compounds Ketoprofen 10%, Gabapentin 3%, Lidocaine 2% in Lipoderm is not medically necessary and appropriate.