

<b>Case Number:</b>	CM14-0007371		
<b>Date Assigned:</b>	02/10/2014	<b>Date of Injury:</b>	06/20/2008
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 Anesthesiology; 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 58-year-old male who has filed a claim for lumbar sprain associated with an industrial injury date of June 20, 2008. Review of progress notes indicates increasing pain with decreasing dose of Norco. Patient experiences sleep disturbances due to right hip and left shoulder pain. Findings include limited range of motion of the bilateral shoulders, hips, cervical, and lumbar regions; tenderness and spasm of the cervical and lumbar regions; and decreased sensation of the left anterior thigh. Treatment to date has included opioids; gabapentin; muscle relaxants; ketoprofen cream; right hip surgeries in 2009, 2010 and 2012; and left total hip replacement in 2010. The patient is allergic to NSAIDs. Current medications include Qvar inhaler, ketoprofen cream, Neurontin, Flexeril, and Norco. Utilization review from January 10, 2014 denied the request for ketoprofen powder, cyclobenzaprine powder, capsaicin powder, menthol crystals, camphor crystals, and PCCA Lipoderm base as there is no documentation regarding intolerance to or failure of current oral pain medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KETOPROFEN POWDER:** 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:** According to the California MTUS Guidelines, many agents are compounded as monotherapy or in combination for pain control. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen is not currently FDA-approved for topical application. It has an extremely high incidence of photocontact dermatitis. This patient is able to tolerate current pain medications, and there is no documentation of failure of the current regimen. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for ketoprofen powder was not medically necessary.

**CYCLOBENZAPRINE POWDER:** 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:** According to the California MTUS Guidelines, many agents are compounded as monotherapy or in combination for pain control. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Cyclobenzaprine is not recommended for topical use. This patient is able to tolerate current pain medications, and there is no documentation of failure of the current regimen. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for cyclobenzaprine powder was not medically necessary.

**CAPSAICIN POWDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Analgesics Page(s): 28, 111.

**Decision rationale:** The California MTUS Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the Capsaicin component, guidelines state that topical Capsaicin is only recommended as an option when there is failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. This patient is able to tolerate current pain medications, and there is no documentation of failure of the current regimen. There is no discussion concerning the need for variance from the guidelines. Therefore, the request is not medically necessary.

**MENTHOL CRYSTALS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical salicylates.

**Decision rationale:** The California MTUS Guidelines do not address this topic. According to the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. The ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical over the counter pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. This patient is able to tolerate current pain medications, and there is no documentation of failure of the current regimen. There is no clear indication to support the use of menthol crystals versus first-line oral pain medications. The quantity requested is not specified. Therefore, the request is not medically necessary.

**CAMPHOR CRYSTALS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medscape: Camphor.

**Decision rationale:** The California MTUS Guidelines do not address this topic. According to the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Medscape was used instead. According to Medscape, topical camphor is used for pain, warts, cold sores, hemorrhoids, osteoarthritis, as an antipruritic, to increase local blood flow, and as a counterirritant. Application can cause skin irritation or lead to poisoning through inhalation. In this case, this patient is able to tolerate current pain medications, and there is no documentation of failure of the current regimen. There is no evidence to support the use of camphor crystals to manage the patient's pain condition. The requested quantity is not specified. Therefore, the request for camphor crystals was not medically necessary.

**PCCA LIPODERM BASE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: PCCA Lipoderm.

**Decision rationale:** The California MTUS Guidelines do not address this topic. According to the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the product website was used instead. Lipoderm is a transdermal base designed to effectively deliver pain medication. It has been proven to deliver up to four drugs simultaneously and to deliver medications more effectively and more quickly than other topical bases. In this case, the requests for the topical ingredients are not medically necessary due to lack of evidence to support their use. Therefore, the request for PCCA Lipoderm base is not medically necessary.