

Case Number:	CM14-0009257		
Date Assigned:	02/14/2014	Date of Injury:	09/01/2005
Decision Date:	07/09/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/23/2014

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 Illinois. 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 58-year-old female who reported an injury on 09/01/2005. The mechanism of injury was not provided in the documentation. Per the clinical note dated 01/08/2014, the injured worker reported pain to her left leg rated 4/10, pain to her left ankle rated 3/10, and pain to the bilateral shoulders rated 5/10 with pain radiation to the back. The diagnoses for the injured worker included rotator cuff syndrome and lumbar sprain and strain. The request for authorization for medical treatment was dated 01/08/2014. The provider's rationale for the request was not provided within the documentation. Prior treatments were not provided in the documentation; however, the provider had requested chiropractic and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN/CAPSAICIN/MENTHOL/CAMPHOR 120MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's, Topical analgesics Page(s): 111-112.

Decision rationale: Per California Medical Treatment Utilization Schedule (MTUS) Guidelines topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety, primary recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The efficacy of Non-steroidal anti-inflammatory drugs (NSAID) in clinical trials for topical treatment has been inconsistent and most studies are small and of short duration. The guidelines note topical NSAIDs are indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines note capsaicin is recommended only as an option in patients who have not responded to or are intolerant to other treatments. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful in patients whose pain has not been controlled successfully with conventional therapy. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. There was a lack of documentation regarding other treatments utilized for the injured worker and the efficacy of those treatments. The documentation provided did indicate the injured worker has a diagnosis for which topical NSAID or Capsaicin use would be indicated. Within the documentation there was no indication the injured worker has not responded to or was intolerant of other treatments. There was a lack of documentation regarding the efficacy of the topical medications. Therefore, the request for Flubiprofen/capsaicin/menthol/camphor 120 mg is not medically necessary and appropriate.

KETOPROFEN/CYCLOBENZAPRINE/LIDOCAINE 120MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: Per California Medical Treatment Utilization Schedule (MTUS) Guidelines topical analgesics are largely experimental in use with few randomized control trial to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded that product that contains at least 1 drug or drug class that is not recommended, is not recommended. The guidelines note topical Non-steroidal anti-inflammatory drugs (NSAID) are indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Ketoprofen is a non FDA approved topical agent and is not recommended for topical use as it has an extremely high incidence of photocontact dermatitis. The guidelines note there is no evidence for the use of muscle relaxants such as cyclobenzaprine for topical application. The guidelines note topical lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine whether creams, lotions, or gels are indicated for neuropathic pain.

There was a lack of documentation regarding the efficacy of the topical ointment. The documentation provided did indicate the injured worker has a diagnosis for which topical NSAID use would be indicated. In addition, the use of muscle relaxants or lidocaine in the form of a cream for topical application is not recommended. As the guidelines note any compounded product that contains at least one drug or drug class that is not recommended is not recommended, the medication would not be indicated. Therefore, the request for the ketoprofen/cyclobenzaprine/lidocaine 120 mg is not medically necessary and appropriate.