

Case Number:	CM14-0100296		
Date Assigned:	09/23/2014	Date of Injury:	11/18/2002
Decision Date:	10/22/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	06/30/2014

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:

This is a 52-year-old female with an 11/18/02 date of injury. A specific mechanism of injury was not described. According to a progress report dated 6/3/14, the patient complained of constant neck pain, rated 9-10/10, with radiation into the bilateral upper extremities. She also complained of constant low back pain, rated 9-10/10, with radiation into the bilateral lower extremities and with associated numbness and tingling sensation. She also reported constant bilateral shoulder pain, rated 7/10, with radiation into the bilateral upper extremities with associated numbness and tingling sensation. Objective findings: tenderness to palpation of right shoulder, restricted range of motion of right shoulder, paraspinal spasms and tenderness, positive sciatic notch tenderness on left, sensory examination in lower extremities reveals decreased light touch over the left buttock and posterior thigh. Diagnostic impression: status post anterior cervical fusion at C5 through C7 with right upper extremity radiculopathy, right shoulder subacromial impingement, right biceps tendinosis, fibromyalgia, lumbar spine musculoligamentous sprain/strain with possible HNP and stenosis, lumbar spine/strain with left lower extremity radiculopathy and neurologic symptoms. Treatment to date: medication management, activity modification, physical therapy, surgery. A UR decision dated 6/24/14 denied the requests for Flurbiprofen 20% cream, Ketoprofen 20%/Ketamine 10% cream, and Gabapentin 10%/Cyclobenzaprine 10%/Capsaicin 1.375% cream. Guidelines do not recommend these topical ingredients and the patient has a chronic condition, proceeding with the requested creams is not supported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluriprofen 20% Cream 120 GM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, Lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Guidelines do not support the use of NSAIDs, such as Flurbiprofen, in a topical formulation. A specific rationale identifying why this topical compounded medication would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Flurbiprofen 20% Cream 120gm is not medically necessary.

Ketoprofen 20%, Ketamine 10% Cream 120 GM:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Guidelines do not support the use of Ketoprofen and Ketamine in a topical formulation. A specific rationale identifying why this topical compounded medication would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Ketoprofen 20%, Ketamine 10% Cream 120gm is not medically necessary.

Gabapentin 10%, Cyclobenzaprine 10% with 1.375% Capsaicin Cream 120 GM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025%

formulation, Baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Guidelines do not support the use of Gabapentin, Cyclobenzaprine or Capsaicin in greater than a 0.025% concentration for use in a topical formulation. A specific rationale identifying why this topical compounded medication would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Gabapentin 10%, Cyclobenzaprine 10% with 1.375% Capsaicin Cream 120gm is not medically necessary.