

Case Number:	CM14-0105829		
Date Assigned:	07/30/2014	Date of Injury:	07/30/2010
Decision Date:	10/01/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/08/2014

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 Medicine, and is licensed to practice in California and Virginia. 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 had a follow up with PTP on 6/6/2014 with complaints of constant postoperative neck pain rated 9/10 with radiation into the bilateral upper extremities, associated with mild discomfort in the bilateral arms. He also complains of low back pain into the bilateral lower extremities. Current medications include Percocet, Soma, and Lyrica. Physical examination of the cervical spine reveals incisions are clean, dry and intact, 5/5 motor strength, negative Hoffman's sign, he has a cervical collar in place. Medications prescribed include Percocet, Soma, Lyrica, and a topical cream containing flurbiprofen, ketoprofen, ketamine, gabapentin, cyclobenzaprine, and capsaicin, with instruction to apply to the affected area 2-3 times per day. The patient returns for routine follow up on 7/25/2014, regarding ongoing neck pain rated 7/10 with radiation to the left shoulder. He also complains of left shoulder pain rated 8-9/10, with associated paresthesias into the left upper extremity. He has been feeling worse since his last visit. He also complains of low back pain rated 7-8/10 with radiation into the bilateral lower extremities with associated spasms. Current medications are lyrica, percocet, and soma. Physical examination documents positive Spurling's test and Hoffman's on the left side, significant paraspinal spasm and tenderness, and weakness in the left upper extremity due to pain in the arm. He is wearing a cervical collar. X-rays of the cervical spine, 2 views obtained today, reveal fracture in the screw at the C3-4 instrumentation. Surgical intervention is recommended. The patient is provided prescriptions for Norco, Flexeril and Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMPD- Flurbiprofen 20%, Ketoprofen 20%, Ketamine 10%, Gabapentin 10%, Capsaicin Cream 0.375%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compounded products.

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

Decision rationale: According to the California MTUS guidelines, gabapentin is not recommended in topical formulations. There is no support to use gabapentin in a topical form. Ketoprofen is not FDA-approved for a topical application. It has an extremely high incidence of photo-contact dermatitis. Cyclobenzaprine is a central muscle relaxant which is not recommended as there is no evidence of using any other muscle relaxant as a topical product. In addition, capsaicin is only considered for patients who are unresponsive or intolerant to other treatments, which is not the case of this patient. Furthermore, there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The California MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the requested topical compound is not supported as medically necessary.