

Case Number:	CM14-0105836		
Date Assigned:	07/30/2014	Date of Injury:	04/03/2014
Decision Date:	09/19/2014	UR Denial Date:	06/20/2014
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 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 claimant was injured on 04/03/14. Compound creams are under review. He reportedly injured his right knee and twisted his low back. Surgery was approved for his knee. He saw [REDACTED] on 06/06/14 and had ongoing low back pain radiating to the right lower extremity and right knee pain that radiated to the right lower extremity with weakness. His pain levels were high. He was taking Norco. He had recently had an MRI of the lumbar spine. He was not attending PT at that time. He had paraspinal spasms and tenderness. There were some findings on his MRI with a posterior disc protrusion abutting the thecal sac and facet arthropathy. There was an MRI of the right knee on 04/23/14 that showed a horizontal tear in the medial meniscus. Postop PT and Norco were ordered along with topical medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% cream, 120 grams: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 143.

Decision rationale: The history and documentation do not objectively support the request for flurbiprofen 20% cream 120 grams. The MTUS page 143 state "topical agents may be

recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004). Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. "There is no evidence of failure of all other first line drugs. The claimant was prescribed oral opioids (Norco) at the same time as this topical medication with no evidence of intolerance or lack of effectiveness. The medical necessity of this request for flurbiprofen 20% cream 120 grams has not been clearly demonstrated. The request is not medically necessary.

Ketoprofen 20%, ketamine 10% cream, 120 grams: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 143.

Decision rationale: The history and documentation do not objectively support the request for ketoprofen 20%, ketamine 10%, 120 grams. The MTUS p. 143 state "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004).... Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. "There is no evidence of failure of all other first line drugs. The claimant was prescribed oral opioids (Norco) at the same time as this topical medication with no evidence of intolerance or lack of effectiveness. Also, ketoprofen is not FDA-approved for topical use due to possible serious side effects and ketamine is not recommended for topical use by MTUS. The medical necessity of this request for ketoprofen 20%, ketamine 10%, 120 grams has not been clearly demonstrated. The request is not medically necessary.

Gabapentin 10%, cyclobenzaprine 10%, capsaicin 0.037 5% cream, 120 grams: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 143.

Decision rationale: The history and documentation do not objectively support the request for gabapentin 10%, cyclobenzaprine 10%, capsaicin 0.0375% cream, 120 grams. The MTUS p. 143 state "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004).... Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. "There is no evidence of failure of all other first line drugs. The claimant was prescribed oral opioids (Norco) at the same time as this topical medication with no evidence of intolerance or lack of effectiveness. Topical gabapentin and cyclobenzaprine are not recommended and topical capsaicin is only recommended in cases of intolerance to all

other first line medications. In addition, regarding the use of capsaicin, MTUS states capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). 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 medical necessity of this request for gabapentin 10%, cyclobenzaprine 10%, capsaicin 0.0375% cream, 120 grams has not been clearly demonstrated. The request is not medically necessary.