

<b>Case Number:</b>	CM14-0108531		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	08/16/2013
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 Alabama, New York and Maryland. 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 60-year-old female who was injured on 08/16/2013. The mechanism of injury is unknown. Prior treatment history has included interbody arthrodesis at C4-5 with PEEK interbody device, local autograft and Grafton putty; anterior cervical instrumentation at C4-5; anterior cervical discectomy and decompression of the spinal cord at C4-5 with anterior foraminotomy; exploration of fusion at C5 through C7 on 04/23/2014. She has received physical therapy in the past, transcutaneous electrical nerve stimulation (TENS) device. Progress report dated 06/06/2014 states the patient complained of frequent neck pain rating her pain as a 3-4/10. On exam, the cervical spine revealed mild paraspinous spasms and tenderness. Motor exam revealed 5/5 strength. She is wearing a cervical collar. She is diagnosed with right shoulder impingement syndrome, rule out rotator cuff tear; status post arthroscopy; status post removal of hardware at C5-C6 and C6-C7 and adjacent level anterior cervical decompression and fusion. She has been recommended for topical analgesics including Flurbiprofen, Ketoprofen, Ketamine, Gabapentin, Cyclobenzaprine, and Capsaicin as she has used these medications in the past (03/07/2014). Prior utilization review dated 07/03/2014 states the request for Flurbiprofen 20% cream 120 grams, Ketoprofen 20% /Ketamine 10% cream 120 grams, Gabapentin 10% /Cyclobenzaprine 10% /Capsaicin 0.0375% cream 120 grams is denied, as the request is not evidence supported.

### 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 Chronic Pain Treatment Guidelines Topical Analgesics.

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

**Decision rationale:** The CA MTUS guidelines recommend the use of topical Flurbiprofen as a second line agent after failing response to oral anti-depressants and anti-convulsants in the absence of allergy or side effects to the medication. The medical records document shows no evidence of failed trials of the first-line agents for the management of pain in this patient. Therefore, based on the CA MTUS guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

**Ketoprofen 20% /Ketamine 10% cream 120 grams:** 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:** The CA MTUS Chronic Pain Medical Treatment Guidelines supports that Ketoprofen is not currently FDA approved for a topical application. Furthermore, it has an extremely high incidence of photocontact dermatitis and has systemic side effects similar to its oral form. It should also be noted that ketamine is still under study for generalized neuropathic pain as in this patient. Based on the CA MTUS Chronic Pain Medical Treatment Guidelines and criteria as well as the clinical documentation stated above, as well as lack of clinical research for the use of topical Ketamine as a first-line agent in treating neuropathic pain, the request is not medically necessary.

**Gabapentin 10% /Cyclobenzaprine 10% /Capsaicin 0.0375% cream 120 grams:** 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:** There is no evidence to support use of any muscle relaxant as a topical product such as Cyclobenzaprine in this topical mixture. There is also no peer-reviewed literature to support use of Gabapentin in topical form. Last but not least, Capsaicin is only recommended as an option/second/third-line agent in patients who have not responded or are intolerant to other treatments. Based on the CA MTUS Chronic Pain Medical Treatment Guidelines, and criteria as well as the clinical documentation stated above, the request is not medically necessary.