

<b>Case Number:</b>	CM14-0012411		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	08/01/2012
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 53 year old female who between 2005 and 2012 injured her shoulders, wrists, and low back related to her work as a housekeeper over those years. She now has chronic pain in her lower back, bilateral shoulders, and right wrist. She was diagnosed with impingement syndrome of bilateral shoulder, sprain and strain of bilateral shoulder joints, bilateral wrist carpal tunnel syndrome, sprain of bilateral wrists, lumbar intervertebral disc displacement, and radiculopathy associated with her pains. The worker was treated with oral medications including Gabapentin, methylsulfonylmethane, tramadol, cyclobenzaprine, as well as topical agents including compounded cyclophene, capsaicin, compounded ketoprofen, and menthol. She also used chiropractic treatments, shockwave therapy, TENS unit, and acupuncture. The worker saw her treating physician on 9/27/12 to first evaluate her symptoms and provided her with a combination of the above medications, which she continued to use thereafter. On 12/22/13, the worker was again seen by her treating physician complaining of her bilateral shoulder, bilateral wrist, and low back pain and limited motion and mentions that the medications do offer temporary relief of pain and improve her ability to have a restful sleep, and denies any problems with the medications, but that the symptoms still persist. It is noted that the worker also has high blood pressure, sleep disorder, stress, mood disorder, and anxiety disorder. Physical examination was remarkable for decreased sensation in both hands, decreased motor strength in upper extremities, decreased range of motion of lumbar spine, and tenderness of paraspinal muscles over the lumbosacral junction. Oral and topical medications were continued.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **COMPOUND MEDICATION GEL-COMPOUNDED KETOPROFEN 20%: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Medication-Compound drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDS , Cyclobenzaprine Page(s): 111-113, 41-42. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, NSAIDS , , 111-113, 69-70

**Decision rationale:** The MTUS Chronic Pain Guidelines state that topical analgesics may be recommended as an option, but are considered experimental in use with few controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Cyclobenzaprine, as stated in the MTUS for Chronic Pain, is recommended as an option, using only a short course of therapy and is not to be combined with any other agent. However, there is no evidence for muscle relaxants used as a topical product and is not recommended. In the case of this worker, she was prescribed Cyclophene, which is a topical preparation of cyclobenzaprine which includes other ingredients, and had been using it for over one year leading up to the request. As this is not considered a short course, is a combined product, and topical preparations are not recommended, the compounded Cyclophene 5% is not medically necessary.

## **COMPOUNDED CYCLOPHENE 5%: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Medication-Compound drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics,NSAIDs Page(s): 111-113, 69-70.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that topical analgesics may be recommended as an option, but are considered experimental in use with few controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS also states that topical NSAIDs have little evidence to suggest they are superior to oral and are not recommended for neuropathic pain. Ketoprofen, specifically, is not FDA approved for topical application and has a high incidence of dermatitis. The MTUS also states that in patients with hypertension, it is recommended that caution is used when prescribing NSAID, and assessments of blood pressure and fluid excess should be done at each visit. The worker has high blood pressure as noted in the progress notes provided, but no blood pressure measurement or assessment of fluid status was seen in the most recent note from 12/22/14. Also as there is no record seen in the documents provided that the worker had tried and failed other first-line treatments as her medications were started all at the

same time, nor any evidence of assessment of function status related to this medication specifically. Therefore, compound ketoprofen gel 20% is not medically necessary.