

Case Number:	CM14-0013505		
Date Assigned:	02/26/2014	Date of Injury:	09/23/1997
Decision Date:	07/02/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/03/2014

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 & Rehabilitation, 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 injured worker is a 66-year-old female who reported an injury on 09/23/1997. The mechanism of injury was not provided in the clinical documentation submitted. Within the clinical note dated 12/11/2013, the injured worker complained of neck pain radiating to both shoulders and down the mid back, headaches, low back pain, and pain to the knees and ankles. The injured worker's pain was rated 8/10 with medication and 9/10 without medication. The provider noted the injured worker had diagnoses including lumbar radiculopathy, cervical sprain/strain, chronic pain syndrome, chronic pain related insomnia, severe myofascial syndrome, neuropathic pain, prescription narcotic dependence, chronic pain related depression, chronic pain related anxiety, and total body pain. The provider noted the injured worker continued to deteriorate from both the physical and psychiatric standpoint. The provider requested 1 prescription of capsaicin/baclofen/ketoprofen 240 gm for pain. The request for authorization was submitted on 12/11/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF CAPSAICIN/BACLOFEN/KETOPROFEN 240GM: Upheld

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

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

Decision rationale: The request for 1 prescription of capsaicin/baclofen/ketoprofen 240 gm is non-certified. The injured worker complained of neck pain radiating to both shoulders and down into the mid back, headaches, low back pain, and pain in the knees and ankles. The injured worker's pain was rated 8/10 with medications and 9/10 without medications. The California MTUS Guidelines note topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines note any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Topical NSAIDs are indicated for osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use of 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines note Ketoprofen is not FDA approved for topical application. Capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available at a 0.025% formulation. There was no current indication that an increase over 0.025% formulation will provide any further efficacy. Baclofen is not recommended as a topical analgesic, any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. There was lack of documentation indicating the injured worker to have signs or symptoms of osteoarthritis or tendonitis, or be diagnosed with these conditions. There was lack of documentation indicating the injured worker has neuropathic pain. Additionally, the injured worker had been utilizing the medication since at least 12/2013, which exceeds the guideline recommendations of short-term use of 4 to 12 weeks. The request contains capsaicin of 0.0375% which exceeds the guideline recommendations of 0.025%. The request submitted failed to provide the frequency of the medication and the location at which the medication is to be applied. As Baclofen is not recommended for topical application and the guidelines note any compound containing at least one drug or drug class that is not recommended is not recommended, the medication would not be indicated. Additionally, there was a lack of documentation indicating the injured worker was intolerant to other medications. Therefore, the request for 1 prescription of capsaicin/baclofen/ketoprofen 240 gm is non-certified.