

<b>Case Number:</b>	CM14-0015893		
<b>Date Assigned:</b>	06/04/2014	<b>Date of Injury:</b>	01/05/2013
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 Neurology, has a subspecialty in Neuromuscular 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 patient is a 38-year-old woman who sustained a work-related injury on January 5, 2013. Subsequently, she developed chronic left shoulder, left wrist, neck, and lower back pain. According to the progress report dated on January 8, 2014, the patient stated that her neck pain radiates to the left upper extremities down to the hands with numbness and tingling and low back pain radiates to lower extremities down to the feet with numbness and tingling. Her physical examination showed cervical spine limited range of motion, left shoulder positive cross-arm/Hawkins tests, left wrist positive Tinel's, TTP volar carpal ligament, lumbosacral positive myospasms, and positive SLR B/L U/E. The patient was diagnosed with left shoulder strain/sprain, left wrist strain/sprain, and left elbow medial epicondylitis. The patient was treated with Diclofenac and acupuncture. However, there is no clear documentation of their effect. The provider requested authorization for Ketoprofen Cream and Flurbiprofen / Capsaicin / Menthol / Camphor Compound Cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen Cream:** Upheld

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

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

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Ketoprofen cream is recommended as topical analgesics for chronic pain. Ketoprofen cream, a topical analgesic is not recommended by MTUS guidelines. Furthermore, Ketoprofen was reported to have frequent photo-contact dermatitis. Based on the above Ketoprofen cream is not medically necessary.

**Flurbiprofen / Capsaicin / Menthol / Camphor Compound Cream:** Upheld

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

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

**Decision rationale:** The requested topical analgesic is formed by the combination of Flurbiprofen / Capsaicin / Menthol / Camphor. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The topical analgesic contains Capsaicin not recommended by MTUS as a topical analgesic. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Therefore, the request for this topical analgesic is not medically necessary.