

Case Number:	CM14-0016934		
Date Assigned:	04/11/2014	Date of Injury:	09/13/2011
Decision Date:	05/28/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/10/2014

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, has a subspecialty in Pain Management 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:

This is a female patient with the date of injury of September 13, 2011. A utilization review determination dated January 29, 2014 recommends non-certification of pharmacy purchase of Cycloketo-L 3%/20%/6.15% transderm. The previous reviewing physician recommended non-certification of pharmacy purchase of Cycloketo-L 3%/20%/6.15% transderm due to lack of documentation of failed first-line therapy of antidepressants and anticonvulsants; any compound medication with a non-recommended ingredient is itself not recommended; and no documentation of the patient's intolerance of these or similar medications to be taken on an oral basis. A PR-2 dated November 5, 2013 identifies Subjective Complaints of increased neck pain. Objective Findings identify mild distress, difficulty with standing, and antalgic gait. Diagnoses identify C/S pain with multi disc protrusion, T/S S/S; LBP with disc protrusion, right shoulder S/S. Medication Prescribed identifies Cyclobenzaprine cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF CYCLOKETO-L 3% / 20% / 6.15% TRANSDERM.:

Upheld

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

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

Decision rationale: Regarding request for topical compound, the requested topical compound is a combination of cyclobenzaprine, ketoprofen, and lidocaine. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Regarding the use of topical muscle relaxants, Chronic Pain Medical Treatment Guidelines state that topical muscle relaxants are not recommended. They go on to state that there is no evidence for the use of any muscle relaxants as a topical product. Regarding the use of topical non-steroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment osteoarthritis, but either not afterwards or with the diminishing effect over another two-week period. Regarding the use of topical lidocaine, guidelines the state that it is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used for short duration. Additionally, there is no documentation of localized peripheral pain with evidence of failure of first-line therapy as recommended by Final Determination Letter for IMR Case Number [REDACTED] guidelines prior to the initiation of topical lidocaine. Finally, guidelines do not recommend use of topical muscle relaxants. In the absence of clarity regarding those issues, the currently requested topical compound is not medically necessary.