

Case Number:	CM14-0017741		
Date Assigned:	04/16/2014	Date of Injury:	09/07/2012
Decision Date:	06/03/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/12/2014

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 Texas. 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 61-year-old female who reported an injury on 09/07/2012. As per the clinical note dated 03/17/2014, the injured worker reported constant neck pain rated 7/10 with radiation to the bilateral upper extremities including numbness and tingling. The injured worker reported intermittent mid back pain, rated 5/10 with radiation to the upper extremity, intermittent low back pain rated 5/10, and right hip pain rated 5/10. The provider prescribed the injured worker Soma and Ultracet. The injured worker underwent injection to cervical spine on 01/14/2014 which provided 60 percent symptomatic relief. Physical examination revealed a positive Spurling's test bilaterally, positive Hoffman's sign on the right side, weakness of the biceps and wrist at 4/5, decreased sensation to light touch over dorsum of hand, deep tendon reflexes are 2 plus in the biceps. The injured worker had diagnoses of herniated nuclear pulposus at C5-C6 with right upper extremity radiculopathy, thoracic spine musculoligamentous sprain/strain, lumbar spine musculoligamentous sprain/strain and insomnia secondary to orthopedic injury. The request for authorization for the request was not submitted. The provider recommended Medrox patches #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 MEDROX PATCHES THROUGH EXPRESS SCRIPTS, BETWEEN 1/21/2014 AND 3/22/2014,; Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Analgesics Page(s): 105 & 127.

Decision rationale: The injured worker reported pain in the neck bilateral extremities with numbness and tingling along with intermittent back pain and right hip pain. The California MTUS guidelines recommend as an option as indicated below, primarily recommended for neuropathic pain when trials of antidepressants have failed. The MTUS guidelines note any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Medrox is a topical medication composed of menthol, capsaicin, and methyl salicylate. The MTUS guidelines note topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. The MTUS note capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Medrox patches contain 0.0375 percent of capsaicin. The provider's rationale for the medication was unclear. Within the provided documentation it did not appear the injured worker had a diagnosis for which capsaicin would be indicated. It did not appear the injured worker had not responded to or was intolerant of other treatments. Therefore due to guideline recommendations the request for 30 Medrox patches is non-certified.

1 PRESCRIPTION OF FLURBIPROFEN 20% GEL, 120GM, BETWEEN 1/21/2014 AND 3/22/2014: Upheld

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

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

Decision rationale: The injured worker reported pain in the neck bilateral extremities with numbness and tingling along with intermittent back pain and right hip pain. The California MTUS guidelines note topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. The MTUS guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. It is indicated for relief of

osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) the injured worker does not have a diagnosis of osteoarthritis. Therefore, the request for Flurbiprofen is non-certified.

1 PRESCRIPTION OF GABAPENTIN 10%/CYCLOBENZAPRINE 10%/CAPSAICIN 0.0375%, 120 GM. BETWEEN 1/21/2014 AND 3/22/2014: Upheld

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

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

Decision rationale: The injured worker reported pain in the neck and bilateral extremities with numbness and tingling along with intermittent back pain and right hip pain. The California MTUS guidelines recommend topical analgesics as an option. The MTUS guidelines note any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The guidelines note capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The medication requested contains capsaicin 0.0375%. The provider's rationale for the medication was unclear. Within the provided documentation it did not appear the injured worker had a diagnosis for which capsaicin would be indicated. It did not appear the injured worker has not responded to or was intolerant of other treatments. Additionally, the guidelines note gabapentin and cyclobenzaprine are not recommended for topical usage. Therefore due to guideline recommendations the request Gabapentin 10%, Cyclobenzaprine 10%, Capsaicin 0.0375% 120gm is non-certified.

1 PRESCRIPTION OF KETOPROFEN 20%, 120GM/KETAMINE 10% GEL 120 GM, BETWEEN 1/21/2014 AND 3/22/2014: Upheld

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

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

Decision rationale: The injured worker reported pain in the neck and bilateral extremities with numbness and tingling along with intermittent back pain and right hip pain. The California MTUS guidelines recommend ketamine only for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Topical ketamine has only been studied for use in non-controlled studies for complex regional pain syndrome (CRPS) and post-herpetic neuralgia and both have shown encouraging results. The exact mechanism of

action remains undetermined. Non Food and Drug Administration (FDA)-approved agents:
Ketoprofen: This agent is not currently FDA approved for a topical application. There is a lack of documentation of neuropathic pain, the medication request contains ketoprofen, which is not FDA approved. Therefore, the request for Ketoprofen 20% 120gm/Ketamine 10% gel 120gm is non-certified.