

Case Number:	CM14-0110441		
Date Assigned:	08/01/2014	Date of Injury:	03/12/2000
Decision Date:	09/09/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/15/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 59 year-old male with a reported date of injury on 05/12/2000. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include vertebral height disc desiccation, Schmorl's node with no annular tear or disc herniation, L3-4 disc desiccation with no annular tear, L4-5 disc desiccation with partial posterior annular tear, borderline multilevel subarticular spinal stenosis secondary to congenital short pedicles mild slight hypertrophic facet changes. The history of his treatments were noted to include pain medications, physical therapy, chiropractic care, home exercise program, and epidural steroid injections. The progress note dated 04/02/2014 revealed the injured worker complained of back pain, rated 5/10 to 6/10. The injured worker described his pain as aching, burning, stabbing, tearing, throbbing and intense. The injured worker experienced back stiffness. The physical examination revealed muscle strength was 4/5 for left side lower extremities and 5/5 for the right lower extremities. His deep tendon reflexes were within normal limits. He had decreased range of motion in his lumbosacral spine with point tenderness, with paralumbar facet capsule on deep palpation at L3-4, L4-5, and L5-S1 bilaterally. The progress note dated 06/27/2014 revealed the injured worker complained of back pain rated 7/10 to 8/10. The injured worker noted marked benefit with medications in the form of topical cream at most twice a day with 40% improvement in pain and global increase in his functional capacity. The physical examination revealed a decreased range of motion in his lumbosacral spine with point tenderness and paralumbar facet capsule on deep palpation at L3-4, L4-5, and L5-S1 bilaterally. The Request for Authorization was not submitted with the medical records. The request was for Ketoprofen 10%, Cyclobenzaprine 3%, Capsaicin 0.0375%, Menthol 2%, Camphor 1% in UL for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 10%, Cyclobenzaprine 3%, Capsaicin 0.0375%, Menthol 2%, Camphor 1%, in UL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: The request for Ketoprofen 10%, Cyclobenzaprine 3%, Capsaicin 0.0375%, Menthol 2%, Camphor 1% in UL is not medically necessary. The injured worker has been utilizing this medication since at least 02/2014. The California Chronic Pain Medical Treatment Guidelines recommend topical analgesics as an option for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. There is little to no research to support the use of any of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have shown in medical analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2 week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study, the effect appeared to diminish over time and it was stated that further research was required to determine if the results were similar for all preparations. The indications for topical NSAIDs for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (4 to 12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis to the spine, hip or shoulder. The guidelines state Ketoprofen is not currently FDA approved for a topical application. The guidelines recommend Capsaicin only as an option in patients who have not responded or are intolerant to other treatments. The Capsaicin formulation is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for postherpetic neuralgia, diabetic neuropathy and postmastectomy 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 guidelines state there is evidence for use of muscle relaxants as a topical product. The guidelines state any compounded agent that contains at least 1 drug or drug class that is not recommended is not recommended. The Ketoprofen, Cyclobenzaprine, and Capsaicin 0.0375% formulation is not recommended by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.