

Case Number:	CM14-0114886		
Date Assigned:	08/04/2014	Date of Injury:	05/07/2013
Decision Date:	09/12/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/23/2014

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, Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 50-year-old female with a reported date of injury on 05/07/2013. The mechanism of injury was due to repetitive trauma. Her diagnoses were noted to include complex regional pain syndrome to the left upper extremity, cervical discopathy, cervical intervertebral disc disorder, left upper extremity radiculopathy, musculoligamentous injury to the left wrist, and status post left carpal tunnel release with residual. Her previous treatments were noted to include surgery, medications, home exercise program, and acupuncture. The progress note dated 07/21/2014 revealed the injured worker complained the left hand and wrist were still numb and tingling. The injured worker complained of neck pain and pain in the arms. The physical examination of the cervical spine and upper extremities revealed tenderness and tightness of the cervical spine and decreased range of motion. The left shoulder range of motion was diminished and there is a decreased sensation to the volar aspect of the left hand/wrist. The range of motion was also diminished, as well as a positive Phalen's and Tinel's. The Request for Authorization form was not submitted within the medical records. The request was for 1 prescription of flurbiprofen 20%/ capsaicin 0.025%/ methyl salicylate 4% in lipoderm base, 180 g, gabapentin 5%/ ketoprofen 10%/ tramadol 5%/ cyclobenzaprine 2.5% in lipoderm base, 180 g, and Terocin patches #10, however the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for flurbiprofen 20%, capsaicin 0.025%, methyl salicylate 4% in lipoderm base, 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Salicylate topica Page(s): 111-112, 105.

Decision rationale: The injured worker complains of neck pain extending into the bilateral upper extremities. The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The guidelines primarily recommend topical analgesics 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines state efficacy in clinical trials for topical NSAIDs 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 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 did appear to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. These medications may be useful for chronic musculoskeletal pain, but there are no long term studies of their effectiveness or safety. The guideline indications of topical NSAIDs is osteoarthritis and tendinitis, in particular, that of the knee and/or 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 the treatment of osteoarthritis of the spine, hip, or shoulder. The guidelines do not recommend topical NSAIDs for neuropathic pain as there is no evidence to support use. The guidelines recommend capsaicin only as an option in patients who have not responded or are intolerant to other treatments. The guidelines state capsaicin is generally available in a 0.025% formulation (as treatment for osteoarthritis) and in a 0.075% formulation (primarily studied for postherpetic neuralgia, diabetic neuropathy, and post mastectomy pain). The guidelines recommend topical salicylates due to being significantly better than placebo in chronic pain. There is lack of documentation regarding a diagnosis of osteoarthritis to indicate capsaicin or topical NSAIDs. Additionally, the request failed to provide the frequency as to which this medication is to be utilized. Therefore, the request is not medically necessary.

1 prescription for gabapentin 5%, ketoprofen 10%, tramadol 5%, cyclobenzaprine 2.5% in lipoderm base, 180gm: 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 California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The guidelines primarily recommend topical analgesics 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines state the efficacy in clinical trials for topical NSAIDs 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 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 appears to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. These medications may be useful for chronic musculoskeletal pain, but there are no long term studies of their effectiveness or safety. The guideline indications for topical NSAIDs is osteoarthritis and tendinitis, in particular, that of the knee and/or elbow and 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 the treatment of osteoarthritis of the spine, hip, or shoulder. The guidelines do not recommend topical NSAIDs for neuropathic pain as there is no evidence to support use. The guidelines state ketoprofen is not currently FDA approved for a topical application. The guidelines do not recommend gabapentin for topical use as there is no peer review literature to support use. The guidelines do not recommend topical muscle relaxants as there is no evidence for use. The guidelines state any compounded product that contains at least one drug or drug class that is not recommended is not recommended, and gabapentin and muscle relaxants are not recommended. Ketoprofen is not recommended or FDA approved for topical analgesics. Additionally, the request failed to provide the frequency as to which this medication is to be utilized. Therefore, the request is not medically necessary.

1 prescription for Terocin patches #10: 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): 111-112.

Decision rationale: The injured worker complains of chronic neck pain with bilateral upper extremity pain. The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The guidelines primarily recommend topical analgesics 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines recommend topical lidocaine for localized peripheral pain after there has been evidence of a trial of first line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status

by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines do not recommend topical lidocaine for non-neuropathic pain. The guidelines do not recommend any formulation of topical lidocaine other than a lidoderm patch. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.