

Case Number:	CM14-0133597		
Date Assigned:	08/27/2014	Date of Injury:	08/27/2009
Decision Date:	10/03/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/21/2014

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 66-year-old male with a reported date of injury on 08/27/2009. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include left shoulder rotator cuff injury, chronic left shoulder pain, left shoulder surgery x2, and frozen left shoulder and adhesive capsulitis. His previous treatments were noted to include a Functional Restoration Program and medications. The progress note dated 07/10/2014 revealed complaints of pain to the left shoulder. The injured worker reported the pain was severe at night when he would lay down on his left side. The injured worker indicated he was doing most of the activities with his right arm due to pain on the left side. The injured worker indicated he utilized ketoprofen cream with some benefit, but noted the insurance company no longer is approving the cream and he was running out. The injured worker reported his pain rated 8/10 to 9/10 without medications. The physical examination to the left shoulder revealed tenderness to palpation with painful range of motion with abduction and flexion. There was tenderness noted over the acromioclavicular joint. The Request for Authorization form was not submitted within the medical records. The request was for ketoprofen 10%/cyclobenzaprine 3%/capsaicin 0.0375%/menthol 2%/camphor 1% 300 gm 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% 300gm: 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): 111-113.

Decision rationale: The request for Ketoprofen 10% Cyclobenzaprine 3% Capsaicin 0.0375% Menthol 2% Camphor 1% 300gm is not medically necessary. The injured worker has been utilizing this medication since at least 02/2014. The California Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen is not currently FDA approved for topical application. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication this increase over a 0.025% formulation would provide any further efficacy. The guidelines do not recommend the topical use of cyclobenzaprine as topical muscle relaxants as there no evidence for use of any other muscle relaxant as a topical product. The guidelines state that any compounded agent that contains at least one drug that is not recommended is not recommended and cyclobenzaprine, Ketoprofen are not recommended as topical agents and the formulation 0.0375% of capsaicin is also not recommended. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.