

Case Number:	CM14-0137726		
Date Assigned:	09/05/2014	Date of Injury:	04/11/2014
Decision Date:	10/14/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/26/2014

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 Internal Medicine 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:

The injured worker is a 52 year old female who was injured on 04/11/14 while driving a car and was hit by a truck. Neither the specific injuries sustained nor the initial treatments rendered were discussed in the documentation submitted. Clinical notes dated 08/04/14 indicated the injured worker complains of pain and discomfort in her right elbow and pain in the low back and knee. Pain level was rated as 5-6/10, and activities of daily living increase the pain. Physical examination revealed range of motion of the lumbar spine as follows: flexion 50 degrees, extension 5degrees, right and left lateral bending 30 degrees, with +2 spasms at t12-L5, bilaterally. Clinical diagnoses include contusion sternum chest wall; lumbar spine strain/sprain, r/o herniated lumbar disc with radiculitis/radiculopathy (R>L); right and left wrist strain/sprain; right elbow sprain/strain, medial epicondylitis; left elbow strain/sprain, medial epicondylitis; right knee strain/sprain r/o internal derangement; status post prior lumbar spine strain/sprain with no residuals. Spiral CT scan of the chest dated 08/08/14 revealed no evidence of sternal fracture; an 8mm popcorn-like area of calcification is present in the lower sternum which is non-specific; a 7mm ill-defined ground glass nodular area in the periphery of the right upper lobe which is non-specific; a 4mm calcified nodule in the lingual of the left upper lobe; cortical irregularity in the upper lobe of the right kidney with minimal adjacent calcification may be related to remote infection/scarring; and a 9mm lipid-rich left adrenal adenoma. Clinical notes dated 08/13/14 indicated the injured worker complains of pain in bilateral elbow (R>L) and low back pain, with pain level rated as 3-8/10. Physical examination revealed spasm and tenderness in the right posterior superior iliac spine and right sacro-iliac joint. The rest of the objective findings were handwritten notes that were difficult decipher. Plan of management include Motrin 800mg tab, and home exercise program. Clinical note dated 08/19/14 indicated the injured worker complains of pain in bilateral upper extremities, more on the right proximally, than on the left. The injured

worker also complains of pain in the right thigh and leg. Pain is more localized on the right wrist and right elbow area. Clinical examination revealed no significant motor or sensory deficits. DTRs are 1-2+, and Tinel sign is negative. Electrodiagnostic study performed on 08/19/14 revealed no evidence of peripheral neuropathy, carpal tunnel syndrome and/or cervical radiculopathy. MRI of the right knee dated 08/18/14 revealed intact cruciate and collateral ligaments, medial meniscus free edge tear of the body, lateral meniscus anterior horn tear, and chondromalacia. MRI of the lumbar spine dated 08/20/14 revealed small disc bulges at L3-4 and L5-S1 without spinal canal or neural foraminal stenosis; mild bilateral facet disease of the lower lumbar spine, and trace dextroscoliosis of the lower lumbar spine. MRI of the right elbow dated 08/22/14 revealed no evidence of acute fracture; mild common extensor tendinosis and limited examination of the ligaments. There were no other clinical documentations provided for review. The previous requests for the compound medications containing Ketoprofen powder 10%, Cyclobenzaprine powder 3%, Lidoderm 5%, # 1; and Flurbiprofen powder 10%, Capsaicin powder 0.025%, Menthol 2% and Camphor 1% # 1 were non certified on 08/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ketoprofen powder 10%, Cyclobenzaprine powder 3%, Lidoderm 5% (dos: 6/4/14): 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.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains Ketoprofen, Cyclobenzaprine, and Lidoderm which have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore this medication compound containing Ketoprofen powder 10%, Cyclobenzaprine powder 3%, and Lidoderm 5% cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

Retrospective Flurbiprofen powder 10%, Capsaicin powder 0.025%, Menthol 2%, Camphor 1% (dos:6/4/14): 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): 105.

Decision rationale: As noted on page 105 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Ketoprofen is not currently FDA approved for topical application. Any compounded product that contains at least one drug that is not recommended is not recommended. This compound contains capsaicin, menthol, and camphor which have not been approved for transdermal use. There is no indication in the documentation that the patient cannot utilize the readily available over-the-counter version of this medication without benefit. As such, the request for this compound medication containing Flurbiprofen powder 10%, Capsaicin powder 0.025%, Menthol 2%, And Camphor 1% cannot be recommended as medically necessary.