

Case Number:	CM14-0161419		
Date Assigned:	10/06/2014	Date of Injury:	06/29/2006
Decision Date:	11/10/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/01/2014

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 & Rehabilitation 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 58-year-old female who reported an injury on 06/29/2006. The mechanism of injury was not found in the provided documentation. She was diagnosed with cervical, thoracic and lumbar spine herniated nucleus pulposus. Her past treatments included acupuncture and medications. On 06/05/2014, the injured worker complained of persistent pain in her mid-back and low back with numbness and weakness of her lower extremities, with the right side being greater than the left side. She rated the severity of her pain as an 8/10, overall, without medication or therapy and her pain was reduced to 5/10 with medication. Upon physical examination, there were muscle spasms over the cervical spine region. There was no tenderness to palpation. Examination of the thoracolumbar spine revealed stiffness of the facet joints, which was associated with muscular guarding over the paraspinal musculature, and the injured worker was unable to perform range of motion. She was prescribed Tramadol, Diclofenac Sodium, and Cyclobenzaprine. A request was received for a Compounded medication comprised of Cyclobenzaprine 10%/Lidocaine 3%/Ketoprofen 5%, 120 grams. The rationale for the treatment was not found in the provided documentation. The request for Authorization was not provided in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded Medication - Cyclobenzaprine 10%/Lidocaine 3%/Ketoprofen 5%, 120 grams: Upheld

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

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

Decision rationale: The request for Compounded medication - Cyclobenzaprine 10%/Lidocaine 3%/Ketoprofen 5%, 120 grams is not medically necessary. The California MTUS Guidelines stated that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research done to support the use of many of these agents. In regards to the component, Cyclobenzaprine, the guidelines state that there is no evidence for use of any muscle relaxant as a topical product. The guidelines state, any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. 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 recommend the use of topical NSAIDs for patients with osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Ketoprofen is not a currently approved FDA agent for topical applications. It has an extremely high incidence of photo contact dermatitis. There is a lack of documentation indicating the injured worker has a diagnosis of osteoarthritis or tendinitis to a joint amenable to topical treatment. The guidelines do not recommend the use of Cyclobenzaprine or Lidocaine in cream form for topical application; therefore, as the guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the medication would not be indicated. Therefore, the request for Compounded medication - Cyclobenzaprine 10%/Lidocaine 3%/Ketoprofen 5%, 120 grams is not medically necessary.