MAXIMUS Federal Services

Case Number:	CM14-0163972		
Date Assigned:	10/08/2014	Date of Injury:	10/25/2000
Decision Date:	11/20/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/06/2014

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 Occupational 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:

This is a 58-year-old male with a 10/25/00 date of injury. According to a progress report dated 7/30/14, the patient complained of constant headaches. He also complained of constant neck pain, rated 6-7/10 with medications and 9/10 without medications, which radiated into bilateral trapezii. In addition, he complained of constant low back pain, which radiated into the bilateral lower extremities, rated 5/10 with medications and 7-8/10 without medications. He also complained of constant right hip pain, rated 5-6/10 with medications and 8-9/10 without medications. He also has anxiety and depression. He is currently taking Percocet, Cymbalta, Senna, Baclofen, and Neurontin, which provide 65% relief with increased activities of daily living and function. Objective findings: tenderness to palpation of cervical spine, decreased range of motion of cervical spine by 50%, positive Spurling's, Hoffmann's sign, and cervical compression tests. Diagnostic impression: neuropathic pain of upper and lower extremities, lumbar radiculopathy, carpal tunnel syndrome, failed neck surgery syndrome, chronic pain syndrome, trigger points and spasms, mild acute-on-chronic C6-C7 radiculopathy, anxiety and depression secondary to chronic pain syndrome. Treatment to date: medication management, activity modification, surgery.A UR decision dated 9/17/14 denied the requests for Flurbiprofen 20 Percent Cream 120 Gram, Ketoprofen 20 Percent/Ketamine 10 Percent Cream 120 Gram, Gabapentin 10 Percent/Cyclobenzaprine 10 Percent/ Capsaicin .0375 Percent Cream 120 Gram, and modified the request for Cymbalta 60mg from 60 tablets to 40 tablets to allow for a gradual taper. There is no documentation of significant pain reduction, improvement in mood, opioid sparing effect, or objective examples of functional improvement noted with the continued use of the requested medications. Topical agents are largely experimental in use with few randomized controlled trials to determine efficacy or safety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20 Percent Cream 120 Gram: 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): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswell a Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, guidelines do not support the use of the NSAID, flurbiprofen, in a topical formulation. A specific rationale identifying why this topical compounded medication would be required in this patient despite lack of guideline support was not provided. In addition, there is no documentation that this patient is unable to tolerate oral medications. Therefore, the request for Flurbiprofen 20 Percent Cream 120 Gram was not medically necessary.

Ketoprofen 20 Percent/Ketamine 10 Percent Cream 120 Gram: 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): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, guidelines do not support the NSAID, ketoprofen, or ketamine in a topical formulation. A specific rationale identifying why this topical compounded medication would be required in this patient despite lack of guideline support was not provided. In addition, there is no documentation that this patient is unable to tolerate oral medications. Therefore, the request for Ketoprofen 20 Percent/Ketamine 10 Percent Cream 120 Gram was not medically necessary.

Gabapentin 10 Percent/Cyclobenzaprine 10 Percent/ Capsaicin .0375 Percent Cream 120 Gram: 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): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, guidelines do not support the use of gabapentin, cyclobenzaprine, or capsaicin in anything greater than a 0.025% in a topical formulation. A specific rationale identifying why this topical compounded medication would be required in this patient despite lack of guideline support was not provided. In addition, there is no documentation that this patient is unable to tolerate oral medications. Therefore, the request for Gabapentin 10 Percent/Cyclobenzaprine 10 Percent/ Capsaicin .0375 Percent Cream 120 Gram was not medically necessary.

Cymbalta 60 MG 1 Capsule PO BID #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants For Chronic Pain Page(s): 15-16.

Decision rationale: CA MTUS states that Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia; it is used off-label for neuropathic pain and radiculopathy, and it is recommended as a first-line option for diabetic neuropathy. In the present case, there is documentation of neuropathic pain of the upper and lower extremities, as well as a diagnosis of lumbar radiculopathy. There is documentation of functional improvement and pain relief with medication use. Guidelines support the use of Cymbalta as a first-line agent for neuropathic pain and radiculopathy. In addition, the patient has a diagnosis of depression, a diagnosis in which Cymbalta use is supported. Therefore, the request for Cymbalta 60mg 1 Capsule PO BID #60 was medically necessary.