

Case Number:	CM14-0175089		
Date Assigned:	10/28/2014	Date of Injury:	07/14/2000
Decision Date:	12/10/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/24/2014

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 Iowa. 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 patient is a 66 year-old female with a date of injury of 7/14/2000. A review of the medical documentation indicates that the patient is undergoing treatment for low back and lower extremity pain. Subjective complaints (9/8/2014) include pain in low back and bilateral lower extremities of 7/10 severity. Objective findings (9/8/2014) include slightly antalgic gait, tenderness to palpation in the lumbosacral spine, and painful lumbar range of motion. Diagnoses include lumbosacral disc injury, spondylosis, radiculopathy, and myofascial and failed back pain syndrome. No imaging studies were available for review. The patient has previously undergone surgery in 2003 (failed), physical therapy, thai chi, and yoga. A utilization review dated 9/22/2014 did not certify the request for Pharmacy compound: Ketoprofen 10%, Cyclobenzaprine 3%, Capsaicin 0.0375%, Menthol 2%, Camphor 1%, 30/120 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy Compound: Ketoprofen 10% Cyclobenzaprine 3% Capsaicin 0.0375% Menthol 2% Camphor 1% in UL- 30 gm and 120 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Capsaicin Page(s): 111-113, 28. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams

Decision rationale: The compound listed has several components to it. California Medical Treatment Utilization Schedule (MTUS) states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. California MTUS states there is little to no research to support the use of most topical agents, and that the only FDA-approved non-steroidal anti-inflammatory drugs (NSAID) medical for topical use is diclofenac, which is only indicated for joint osteoarthritis. For ketoprofen, California MTUS and Official Disability Guidelines (ODG) state it is not FDA approved for topical application due to an extremely high incidence of photocontact dermatitis and photosensitization reactions. For cyclobenzaprine, California MTUS states that topical muscle relaxants have no evidence for use as a topical. For capsaicin, MTUS recommends this only as an option in patients who have not responded or are intolerant to other treatments. For menthol, Official Disability Guidelines (ODG) recommends use only in the context of cryotherapy for acute pain, and that it may in rare instances cause serious burns. For camphor, there was no evidence-based recommendation found for review. The medication documentation does state the patient is undergoing other types of therapy, but the restorative program is stated to be beneficial. There is no documentation of failure of other types of therapy, or of evidence of neuropathic or osteoarthritic pain. Several of these agents are not indicated. Therefore, the request for Pharmacy compound: Ketoprofen 10%, Cyclobenzaprine 3%, Capsaicin 0.0375%, Menthol 2%, Camphor 1%, 30/120 gm is not medically necessary.