

Case Number:	CM14-0175853		
Date Assigned:	10/28/2014	Date of Injury:	09/19/2005
Decision Date:	12/30/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/23/2014

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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 74 year old with an injury date on 9/19/05. Patient complains of constant cervical pain rated 7/10, radiating to left upper extremity, mid/lower lumbar pain rated 7/10, radiating to left lower extremity per 6/27/14 report. Based on the 6/27/14 progress report provided by the treating physician, the diagnoses are: 1. s/p left knee arthroscopy 2. HNP at C4-5 C5-6 and C6-73. HNP at L4-5 and L5-S14. hypertension secondary to industrial injury 5. left lower extremity radiculitis 6. lumbar spine myofascial pain syndrome 7. multilevel disc degeneration and inflammation with a protrusion and stenosis at L2-3 Patient's exam on 6/27/14 showed "iliopsoas weakness and quadriceps weakness. 4+ hamstring tightness and weakness throughout lower extremities." No range of motion testing was found in reports. Patient's treatment history includes medications, home exercise program. The treating physician is requesting flurbiprofen 20% cream 120g, ketoprofen 20%, ketamine 10%, cream 120g, gabapentin 10%, and cyclobenzaprine 10%, capsaicin 0.0375% cream 120g. The utilization review determination being challenged is dated 9/22/14. The requesting physician provided treatment reports from 4/25/14 to 6/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% cream 120g, Ketoprofen 20% 120g/ Ketamine 10% cream 120g, Gabapentin 10%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute LLC; Corpus Christi, TX; www.odg-twc.com; Section: Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 08/22/2014)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medicine, Salicylate topical Page(s): 111-113, 105.

Decision rationale: This patient presents with neck pain, left upper extremity pain, back pain, left and lower extremity pain. The treater has asked for flurbiprofen 20% cream 120g, ketoprofen 20%, ketamine 10%, cream 120g, gabapentin 10% on 6/27/14. Regarding topical analgesics, MTUS state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, the patient presents with a chronic pain condition. Regarding the requested topical cream, MTUS does not recommend Gabapentin for topical use. As topical Gabapentin is not indicated, the entire compounded cream is also not indicated for use. Therefore, request for Flurbiprofen 20% cream 120g, Ketoprofen 20% 120g/ Ketamine 10% cream 120g, Gabapentin 10% is not medically necessary.

Cyclobenzaprine 10%, Capsaicin 0.0375% cream 120g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute LLC; Corpus Christi, TX; www.odg-twc.com; Section: Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 08/22/2014)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medicine, Salicylate topical Page(s): 111-113, 105.

Decision rationale: This patient presents with neck pain, left upper extremity pain, back pain, left and lower extremity pain. The treater has asked for cyclobenzaprine 10%, capsaicin 0.0375% cream 120g on 6/27/14. Regarding topical analgesics, MTUS state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, the patient presents with a chronic pain condition. Regarding the requested topical cream, MTUS does not recommend cyclobenzaprine for topical use. As topical cyclobenzaprine is not indicated, the entire compounded cream is also not indicated for use. Therefore, request for Cyclobenzaprine 10%, Capsaicin 0.0375% cream 120g is not medically necessary.