

Case Number:	CM14-0026974		
Date Assigned:	06/13/2014	Date of Injury:	06/17/2012
Decision Date:	07/16/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	03/03/2014

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 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 37 year-old patient sustained an injury on 6/17/12 while employed by [REDACTED]. Requests under consideration include COMPOUND CYCLOPHENE 5% IN PLO GEL 120GMS and COMPOUND KETOPROFEN 20% IN PLO GEL 120GMS. Report of 12/18/13 from the provider noted patient with chronic neck, lower back, and knee radicular burning pain rated at 3-5/10 for neck and knee and 3-8/10 for lower back. Medications offer some temporary relief; however, symptoms persist. Exam showed diffuse tenderness in the cervical spine, suboccipital region, trapezius, and scalene with decrease ROM, slightly reduced motor strength and intact sensation; Lumbar spine showed ability to heel-toe walk; squat 50%; toe touch causes low back pain with fingers 3" from ground; tender paraspinal muscles with decreased range (no degrees and planes identified) and SLR positive at 60 degrees; and bilateral knee exam with tender medial joint line and decreased range (no degrees and planes identified). Diagnoses included cervical spine pain/radiculopathy; lumbosacral pain/radiculopathy; and bilateral knee pain. Treatment included therapy and medications of oral Dicoprofanol. The requests for COMPOUND CYCLOPHENE 5% IN PLO GEL 120GMS and COMPOUND KETOPROFEN 20% IN PLO GEL 120GMS were non-certified on 1/30/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND CYCLOPHENE 5% IN PLO GEL 120GMS: 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): 111-113.

Decision rationale: This 37 year-old patient sustained an injury on 6/17/12 while employed by [REDACTED]. Requests under consideration include COMPOUND CYCLOPHENE 5% IN PLO GEL 120GMS and COMPOUND KETOPROFEN 20% IN PLO GEL 120GMS. Report of 12/18/13 from the provider noted patient with chronic neck, lower back, and knee radicular burning pain rated at 3-5/10 for neck and knee and 3-8/10 for lower back. Medications offer some temporary relief; however, symptoms persist. Exam showed diffuse tenderness in the cervical spine, suboccipital region, trapezius, and scalene with decrease ROM, slightly reduced motor strength and intact sensation; Lumbar spine showed ability to heel-toe walk; squat 50%; toe touch causes low back pain with fingers 3" from ground; tender paraspinal muscles with decreased range (no degrees and planes identified) and SLR positive at 60 degrees; and bilateral knee exam with tender medial joint line and decreased range (no degrees and planes identified). Diagnoses included cervical spine pain/radiculopathy; lumbosacral pain/radiculopathy; and bilateral knee pain. Treatment included therapy and medications of oral Dicoprofen. Submitted reports have not adequately documented the indication and necessity of this topical analgesic for this 2012 injury with chronic pain whereby the patient is already taking multiple other oral pain medications. There is no demonstrated functional improvement from ongoing refills of medication. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic. The COMPOUND CYCLOPHENE 5% IN PLO GEL 120GMS is not medically necessary and appropriate.

COMPOUND KETOPROFEN 20% IN PLO GEL 120GMS: 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): 111-113.

Decision rationale: This 37 year-old patient sustained an injury on 6/17/12 while employed by [REDACTED]. Requests under consideration include COMPOUND CYCLOPHENE 5% IN PLO GEL 120GMS and COMPOUND KETOPROFEN 20% IN PLO GEL 120GMS. Report of 12/18/13 from the provider noted patient with chronic neck, lower back, and knee radicular burning pain rated at 3-5/10 for neck and knee and 3-8/10 for lower back. Medications offer some temporary relief; however, symptoms persist. Exam showed diffuse tenderness in the cervical spine, suboccipital region, trapezius, and scalene with

decrease ROM, slightly reduced motor strength and intact sensation; Lumbar spine showed ability to heel-toe walk; squat 50%; toe touch causes low back pain with fingers 3" from ground; tender paraspinal muscles with decreased range (no degrees and planes identified) and SLR positive at 60 degrees; and bilateral knee exam with tender medial joint line and decreased range (no degrees and planes identified). Diagnoses included cervical spine pain/radiculopathy; lumbosacral pain/radiculopathy; and bilateral knee pain. Treatment included therapy and medications of oral Dicoprofenol. Submitted reports have not adequately documented the indication and necessity of this topical analgesic for this 2012 injury with chronic pain whereby the patient is already taking multiple other oral pain medications. There is no demonstrated functional improvement from ongoing refills of medication. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic. Of particular note, Ketoprofen cream is an agent not currently FDA approved for a topical application due to an extremely high incidence of photocontact dermatitis. The COMPOUND KETOPROFEN 20% IN PLO GEL 120GMS is not medically necessary and appropriate.