MAXIMUS Federal Services

Case Number:	CM14-0029826		
Date Assigned:	04/09/2014	Date of Injury:	11/09/2011
Decision Date:	05/27/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/24/2014

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 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 an employee of [redacted] and has submitted a claim for lumbar radiculopathy s/p thoracolumbar fusion with scoliotic deformity associated with an industrial injury date of 11/09/2011. Treatment to date has included T12-L2 arthrodesis using posterior instrumentation and pedicle screw system on 07/28/2008, physical therapy, TLSO brace, lumbar facet block injection in March 2012, trigger point injection, TENS unit, and medications including flurbiprofen cream, Percocet, ibuprofen, Soma, and tylenol with codeine. Utilization review from 01/10/2014 modified the request of flurbiprofen 20% gel, 120 gms into flurbiprofen oral, pill usage, appropriate dosing because only the tablet form is recommended for treatment. The same review denied the requests for ketoprofen 20%/ketamine 10% gel, 120 gms; and gabapentin 10%/cyclobenzaprine 10%/capsaicin 0.0375%, 120 gms because topical analgesics are not recommended due to lack of studies determining its safety and efficacy. Medical records from 2013 to 2014 were reviewed showing that patient complained of mid- and low back pain rated 6-7/10 in severity radiating to the buttocks and bilateral lower extremities posteriorly associated with burning sensation to the feet. Pain was aggravated upon bending, lifting and carrying over 5 pounds. This resulted to difficulty with self-care, personal hygiene, toileting, dressing, prolonged standing / sitting and making meals. Physical examination showed muscle spasms and tenderness at paralumbar area. Sciatic notch at left was likewise tender. Range of motion of lumbar spine was 30 degrees towards flexion, and 10 degrees towards extension and lateral bending on both sides. Motor strength of left quadriceps, extensor hallucis longus, and peroneus longus was graded 4/5. Deep tendon reflexes were +1 at the knee and Achilles. Gait was antalgic. Sensation was decreased in the lateral aspect of the foot, dorsum of the foot and anterolateral aspect of calf.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN 20% GEL, 120GMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

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

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Topical NSAID formulation are only supported for diclofenac in the California MTUS. In this case, the indication for prescription of flurbiprofen as cited in a progress report is because it is an FDA-approved medication used for pain, stiffness, and swelling. The patient complains of chronic back pain since 2011. This medication was first prescribed in 2013. There is no other discussion concerning the need for use of unsupported topical NSAID such as flurbiprofen in the documentation. Therefore, the request for flurbiprofen 20% gel, 120 gms is not medically necessary.

KETOPROFEN 20%/KETAMINE 10% GEL, 120GMS: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines pages 111-112 indicate that topical analgesics are largely experimental and used with few randomized controlled trials to determine their efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Furthermore, any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. The current prescription of ketoprofen 20%/ketamine 10% gel is not supported. CA MTUS states that topical ketamine is currently under study. While ketoprofen is not currrently FDA approved for topical application, as it has an extremely high incidence of photocontact dermatitis. In this case, the initial prescription of this medication is on 2013. The indication for the prescription of this compound medication was not found in any documentation. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for ketoprofen 20%/ketamine 10% gel, 120 gms is not medically necessary.

GABAPENTIN 10%/CYCLOBENZAPRINE 10%/CAPSAICIN 0.0375%, 120GMS: Upheld

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

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

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Gabapentin has been considered as a first-line treatment for neuropathic pain. Cyclobenzaprine is a skeletal muscle relaxant that is not recommended to be added to other agents. Capsaicin is generally available as a 0.025% formulation and a 0.075% formulation. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Capsaicin in a 0.0375% formulation is not recommended for topical applications. The guidelines state that, any compounded product that contains at least one drug that is not recommended is not recommended. In this case, the initial prescription of this medication is on 2013. The indication for the prescription of this compound medication was not found in any documentation. There is no clear rationale for using this medication as opposed to supported alternatives. Therefore, the request for gabapentin 10%/cyclobenzaprine 10%/capsaicin 0.0375%, 120 gms is not medically necessary.