

Case Number:	CM14-0030239		
Date Assigned:	03/19/2014	Date of Injury:	10/14/2011
Decision Date:	04/22/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/10/2014

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 57 year old male patient with a October 14, 2011 date of injury. An October 29, 2013 progress note stated that the patient has had 14 sessions of therapy. An October 8, 2013 progress note stated that the patient has persistent neck pain aggravated by repetitive motion. He has right shoulder pain with limitation of motion and weakness. There is positive axial loading compression test. There is limited right shoulder range of motion and weakness with atrophy. Diagnostic impressions included cervical discopathy, lumbar discopathy, status post (s/p) right shoulder replacement of August 16, 2013, bilateral carpal tunnel/double crush syndrome, and bilateral plantar fasciitis. Recommendation was for further therapy and Tramadol ER. A February 14, 2014 utilization review rendered an adverse determination because formulations containing topical Cyclobenzaprine, Flurbiprofen or ketoprofen or Tramadol are not FDA approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPICAL COMPUND CONTAINING KETOP/LIDOC/CAP/TRAM (PCCA), #120:

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, 28, 112.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen 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. The use of topical opioid medications is not supported. Regarding the Capsaicin component, The California MTUS Chronic Pain Medical Treatment Guidelines identify that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. Regarding the Lidocaine component, California MTUS Chronic Pain Medical Treatment Guidelines identify that topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. There is no rationale justifying the use of this topical cream. It is unclear for which indications the prescription was initiated. Given the 2011 date of injury, there is insufficient documentation as to whether the patient has obtained objective functional benefit from possible previous use of the prescribed medication, if any. Therefore, the request was not medically necessary.

TOPICAL COMPUND CONTAINING FLUR/CYCLO/CAPS/LID (NEW), #120: 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, 28, 112.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen 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. Topical cyclobenzaprine is not recommended. Regarding the Capsaicin component, the California MTUS Chronic Pain Medical Treatment Guidelines identify that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. Regarding the Lidocaine component, the California MTUS Chronic Pain Medical Treatment Guidelines identify that topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. There is no rationale justifying the use of this topical cream. It is unclear for which indications the prescription was initiated. Given the 2011 date of injury, there is insufficient documentation as to whether the patient has obtained objective functional benefit from possible previous use of the prescribed medication. Therefore, the request was not medically necessary.

