

Case Number:	CM14-0034162		
Date Assigned:	06/20/2014	Date of Injury:	10/21/2010
Decision Date:	07/24/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/19/2014

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 and 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:

The patient is a 36 year old female who was injured on 10/21/2010. The mechanism of injury is unknown. Prior medication history included Naproxen, cyclobenzaprine, Tramadol, ketoprofen, Norco, gabapentin, mentherm, and Terocin patch. The patient underwent left shoulder arthroscopy with subacromial decompression on 04/19/2013. Diagnostic studies reviewed include MRI of the cervical spine dated 08/13/2013 demonstrates Reversal of the cervical lordosis; This may be associated with spasm. Disc abnormalities including a 1-2 mm posterior disc bulge at C5-C6 and 2 anterior disc protrusion at C6-C7. Lab work dated 10/29/2013 revealed positive results for cis-Tramadol and O-Desmethyl-cis- Tramadol. Progress report dated 02/12/2014 states the patient presented with no bleeding, melena, or hematochezia. On exam, heart was regular rate and rhythm. The remaining notes are illegible. Diagnosis are narcotic induced constipation and ortho condition. The treatment and plan included Zofran 8 mg, lactulose 15 ml and remaining medications are unclear. It is noted on physician's request note dated 01/13/2014, that several medications were requested including Terocin patch, Tramadol Hydrochloride ER, omeprazole, Ondansetron ODT, cyclobenzaprine hydrochloride, and Naproxen. On note dated 10/29/2013, it documents the patient to have complaints of cervical spine, left shoulder, right upper extremity and lumbar spine pain. There is tenderness of the left shoulder and lumbar spine. There is crepitation present in the left shoulder with decreased range of motion and decreased motor strength. The patient was diagnosed with cervical/lumbar discopathy, status post left shoulder arthroscopy with subacromial arch decompression/Mumford resection and rotator cuff repair; status post bilateral carpal tunnel release and double crush syndrome. The treatment and plan included pharmacological agents for symptomatic relief. Prior utilization review dated 02/25/2014 states the request for Ketoprofen/ Lidocaine/ Capsaicin/ tram (pcca) 15% 1% 10.012% liq QTY: 120 is not authorized as this drug

contains one compound that is not recommended. The request for Flurbiprofen/
Cyclobenzaprine/ Capsaicin/ Lidocaine (New)10% 0.0125% 1% Qty: 120 is not authorized as
this drug contains one compound that is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen/Lidocaine/Capsaicin/tram (pcca) 15% 1% 10.012% liq QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Compound drugs.

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

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen is not recommended as it is not FDA approved for topical use. Additionally, it is noted that the CA MTUS state that the use of topical medication in the treatment of chronic pain is largely experimental. The use of this compounded topical medication would not be indicated. Therefore, the medical necessity is not established.

Flurbiprofen/Cyclobenzaprine/Capsaicin/Lidocaine (New)10% 0.0125% 1% Qty: 120:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Compound drugs.

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

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Cyclobenzaprine is not recommended as there is no evidence for use of any other muscle relaxant as a topical product. Additionally, it is noted that the CA MTUS state that the use of topical medication in the treatment of chronic pain is largely experimental. The use of this compounded topical medication would not be indicated. Therefore, the medical necessity is not established.