

Case Number:	CM14-0040465		
Date Assigned:	06/27/2014	Date of Injury:	12/07/2005
Decision Date:	09/25/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/07/2014

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 64-year-old male patient with a 12/7/05 date of injury. He injured himself due to a motor vehicle accident. A progress report dated on 3/19/14 indicated that the patient had intermittent neck pain which he rated as a 3-4/10. He also complained of constant lower back pain radiating to the left lower extremity, with occasional numbness and tingling. Physical exam revealed decreased range of motion in the bilateral upper extremities. There was also limited range of motion in the lumbar spine. He was diagnosed with disc protrusion at c4-5, C5-6, C6-7, C7-T1 with spinal stenosis, Upper extremity cervical radiculitis, s/p right shoulder arthroscopy x2 with residuals, s/p Post left knee arthroscopy, disc protrusion at L3-L4 2mm with mild left lateral recess stenosis, Disc protrusion at L4-5, L5-S1 3mm with moderate bilateral neuroforaminal stenosis and severe facet syndrome L3 to cecum. Treatment to date: medication management, physical therapy. There is documentation of a previous 4/7/14 adverse determination, based on the fact that there was little research to support use of topical compounded medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluribiprofen 20% cream 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Boswellia Serrata Resin, Capsaicin, Topical Analgesics Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, 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. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). However, there was no documentation supporting significant pain relief or functional gains in regards to Flurbiprofen. In addition guidelines did not recommend topical analgesics, because there was little research to support the use of topical NSAIDs. Therefore, the request for Flurbiprofen 20% cream 120gm was not medically necessary.

Ketoprofen 20% / Ketamine 10% cream 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Ketoprofen, Topical Ketamine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Boswellia Serrata Resin, Capsaicin, Topical Analgesics Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, 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. . Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). However, there was no documentation supporting significant pain relief or functional gains in regards to Ketoprofen and Ketamine cream. In addition guidelines did not recommend topical analgesics, because there was little research to support the use of topical NSAIDs. Therefore, the request for Ketoprofen 20% / Ketamine 10% cream 120gm was not medically necessary.

Gabapentin 10%/Cyclobenzaprine 10%/Capsaicin 0.0375% #120gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, 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. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). Guidelines do not support the use of gabapentin, cyclobenzaprine, or capsaicin in anything greater than 0.025% in a topical formulation. A specific rationale identifying why Gabapentin 10%/Cyclobenzaprine 10%/Capsaicin 0.0375% cream was required in this patient despite lack of guideline support was not provided. Therefore, the request for Gabapentin 10%/Cyclobenzaprine 10%/Capsaicin 0.0375% #120 gm was not medically necessary.