MAXIMUS Federal Services

Case Number:	CM14-0042261		
Date Assigned:	06/30/2014	Date of Injury:	10/17/2013
Decision Date:	08/20/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/08/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 42 year old with a work injury dated 10/17/2013.The diagnoses include knee sprain. The patient has complaints of neck, shoulder wrist, elbow, and hand pain as well. Under consideration is a request for medications: Flurbiprofen/capsaicin/menthol/camphor 120mg (quantity unknown) and Ketoprofen/cyclobenzaprine/Lidocaine 120mg (quantity unknown).There is a primary treating physician (PR-2) document dated 1/8/2014 that is handwritten and somewhat illegible. The document states that the patient is having right knee pain and left arm pain that radiates to the shoulder, neck and upper back. The objective portion of the document is difficult to read but states that the patient has right knee full range of motion and paraspinal tenderness. The treatment plan includes a request for topical creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/capsaicin/menthol/camphor 120mg (quantity unknown): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

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

Decision rationale: Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Furthermore the guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Furthermore, the documentation does not indicate that patient is intolerant to oral medications. The guidelines recommend capsaicin only as an option in patients who have not responded or are intolerant to other treatments. The documentation does not indicate intolerance to oral medications. The guidelines state that topical NSAIDS are primarily indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. They are recommended for short-term use (4-12 weeks). The MTUS does not address camphor. The ingredient capsaicin is not recommended therefore the entire product is not recommended. There is no indication of strength of these ingredients on the request. 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. Furthermore there is no indication of quantity on the request. The request for the medication Flurbiprofen/Capsaicin/Menthol/Camphor 120mg (quantity unknown) is not medically necessary.

Ketoprofen/cyclobenzaprine/Lidocaine 120mg (quantity unknown): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

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

Decision rationale: Ketoprofen/Cyclobenzaprine/Lidocaine 120mg (quantity unknown) is not medically necessary per the MTUS guidelines. Per the Chronic Pain Medical Treatment Guidelines topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The request for this medication is not medically necessary for the following reasons. Ketoprofen is an NSAID (non-steroidal anti-inflammatory). The MTUS Chronic Pain Medical Treatment guidelines state that these medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Topical NSAIDS are primarily indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. They are recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and no evidence to support use in neuropathic pain. Topical ointment containing Lidocaine or Cyclobenzaprine is not recommended by the MTUS. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines do not endorse the use of topical Lidocaine or Cyclobenzaprine therefore the request for Ketoprofen/Cyclobenzaprine/Lidocaine 120mg (quantity unknown) is not medically necessary.

Naproxen Sodium 550mg (quantity unknown): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications-p.22 and Naproxen p.66 Page(s): 22, 66.

Decision rationale: Naproxen Sodium 550mg (quantity unknown) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS guidelines state that anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. It is unclear from the documentation how long the patient has been on this medication and whether or not it has provided evidence of functional improvement. Furthermore the request does not indicate a quantity and therefore is not medically appropriate. The request for Naproxen Sodium 550mg (quantity unknown) is not medically necessary.