

Case Number:	CM14-0049838		
Date Assigned:	07/07/2014	Date of Injury:	02/19/2008
Decision Date:	08/01/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/17/2014

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 & Rehabilitation and is licensed to practice in Texas and Ohio. 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 injured worker is a 55-year-old female who reported a cumulative trauma injury on 02/19/2008. On 09/04/2013, the injured worker presented with low back pain. In addition, she had complaints of pain to her bilateral knees and bilateral wrists, and improved shoulder pain. Prior therapy included injections, surgery, and medications. Upon examination of the thoracolumbar spine, there was tenderness with spasm as well as loss of spinal rhythm noted upon exam. The diagnoses were status post right shoulder surgery, bilateral wrist carpal tunnel syndrome in 2011, lumbar disc disease, bilateral knee internal derangement, and obesity. The provider recommended Flurbiprofen gel, Ketoprofen/Ketamine gel, and Gabapentin/Cyclobenzaprine/Capsaicin gel. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 120% gel 120gm: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. The guidelines note muscle relaxants are not recommended for topical application. The guidelines note Gabapentin is not recommended for topical application. Topical NSAIDs are recommended for osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is recommended for short-term use for 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines also state that capsaicin is recommended for injured workers who are intolerant to or who have not responded to other treatments. As the guidelines do not recommend the use of muscle relaxants or Gabapentin for topical application, and the guidelines do not recommend capsaicin for injured workers unless they are intolerant to or have not responded to other medications, the medication would not be indicated. Additionally, the provider's request did not indicate the site at which the cream was intended for or the frequency of the medication. As such, the request is not medically necessary.

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

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

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

Decision rationale: The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. The guidelines note muscle relaxants are not recommended for topical application. The guidelines note Gabapentin is not recommended for topical application. Topical NSAIDs are recommended for osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is recommended for short-term use for 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines also state that capsaicin is recommended for injured workers who are intolerant to or who have not responded to other treatments. As the guidelines do not recommend the use of muscle relaxants or Gabapentin for topical application, and the guidelines do not recommend capsaicin for injured workers unless they are intolerant to or have not responded to other medications, the medication would not be indicated. Additionally, the provider's request did not indicate the site at which the cream was intended for or the frequency of the medication. As such, the request is not medically necessary.

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

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

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

Decision rationale: The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. The guidelines note muscle relaxants are not recommended for topical application. The guidelines note Gabapentin is not recommended for topical application. Topical NSAIDs are recommended for osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is recommended for short-term use for 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines also state that capsaicin is recommended for injured workers who are intolerant to or who have not responded to other treatments. As the guidelines do not recommend the use of muscle relaxants or Gabapentin for topical application, and the guidelines do not recommend capsaicin for injured workers unless they are intolerant to or have not responded to other medications, the medication would not be indicated. Additionally, the provider's request did not indicate the site at which the cream was intended for or the frequency of the medication. As such, the request is not medically necessary.