

Case Number:	CM14-0050749		
Date Assigned:	07/07/2014	Date of Injury:	10/12/2013
Decision Date:	08/22/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/16/2014

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 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:

According to the records made available for review, this is a 28-year-old female with a 10/12/13 date of injury. At the time (3/5/14) of request for authorization for Ketoprofen 20% in PLO gel and Cyclophene 5% in PLO gel, there is documentation of subjective (burning radicular neck pain with muscle spasms, burning bilateral shoulder pain radiating down the arms to the fingers associated with muscle spasms, and burning radicular low back pain with muscle spasms) and objective (tenderness to palpation over the cervical paraspinal muscles with positive maximal foraminal compression test, tenderness to palpation over the supraspinatus muscles, diminished sensation over the C5-T1 dermatomes; decreased lumbar range of motion with spasms at the lumbar paraspinal muscles, and decreased sensation over the L4-S1 dermatomes) findings, current diagnoses (cervical spine sprain/strain, cervical radiculopathy, bilateral shoulder sprain/strain, lumbar spine sprain/strain, and lumbar radiculopathy), and treatment to date (physical modalities and activity modification). In addition, medical reports identify Cyclophene 5% in PLO gel as a topical compounded medication consisting of Cyclobenzaprine 5%/Lecithin/Pluronic gel; and Ketoprofen 20% in PLO gel as a topical compounded medications consisting of Ketoprofen 20%/Ethoxy Diglycol/Lecithin/Pluronic gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% in PLO gel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), chronic pain subsection under medication - compound drugs.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; 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; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain, cervical radiculopathy, bilateral shoulder sprain/strain, lumbar spine sprain/strain, and lumbar radiculopathy. In addition, given documentation that Ketoprofen 20% in PLO gel is a topical compounded medication consisting of Ketoprofen 20%/Ethoxy Diglycol/Lecithin/Pluronic gel, there is documentation that the requested medication contains at least one drug (Ketoprofen) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Ketoprofen 20% in PLO gel is not medically necessary.

Cyclophene 5% in PLO gel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), chronic pain subsection under medication - compound drugs.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; 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; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain, cervical radiculopathy, bilateral shoulder sprain/strain, lumbar spine sprain/strain, and lumbar radiculopathy. In addition, given documentation that Cyclophene 5% in PLO gel is a topical compounded medication consisting of Cyclobenzaprine 5%/Lecithin/Pluronic gel, there is documentation that the requested medication contains at least one drug class (muscle relaxant) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Cyclophene 5% in PLO gel is not medically necessary.

