

<b>Case Number:</b>	CM14-0067010		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	11/16/2013
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 injured worker is a 42-year-old male who reported an injury on 11/16/2013; reportedly he was standing and using his hands in a bent forward position to install a granite top. He lifted the granite top with a coworker and felt a pain to the low back region accompanied with a cracking noise. Later he felt pain to the mid back, neck, and groin region. The injured worker's treatment history included x-rays, medications, MRI, therapy, and chiropractic treatment. The injured worker was evaluated on 05/09/2014 and it was documented the injured worker had mildly improved pain of the neck, mid back, low back, and testicular pain. Neck pain radiated to both shoulders, right greater than left and low back pain radiated to the lower extremities with numbness and tingling. Pain was worse on reaching above shoulder level, climbing, forward bending, neck bending, and neck motion. Objective findings revealed c/s tenderness to palpation paracervicals, right greater than left, interscapular region. There was lumbar spine tenderness to palpation at L4-S1, positive myospasm, positive sensory deficit right lower extremities. Diagnoses included LS ST/SP, C/S ST/SP, T/S ST/SP, and bilateral inguinal ST/P. Request for Authorization dated 04/15/2014 was for Keto cream and FCMC cream; however, the rationale was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Keto:** 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 Topical Analgesics Page(s): 111-113.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product contains at least (or drug class) that is not recommended. There is no evidence for use Ketamine is under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Any compounded product that contains at least one or more drug class is not recommended. Other muscle relaxants there are no evidence for use of any other muscle relaxant as a topical product. In addition, this agent has compounding agents with two or three oral agents together. The guidelines do not recommend for the use of a topical product compounding two or more oral agents and found no efficacy or benefit over individual agents separately. Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical baclofen. The documentation submitted failed to indicate the injured worker's outcome measurements of conservative care measures such as physical therapy and pain medicine management outcome. Topical NSAIDS are recommended for osteoarthritis and tendonitis in particular that of the knee or elbow or other joints amenable to topical treatments. Recommendations are made for a 4 to 12 week period. There is little evidence to utilize topical Non-steroidal ant inflammatory agents (NSAIDS) to treat osteoarthritis of the spine hip or shoulder. The guidelines do not recommend cyclobenzaprine as a topical medication. It was also unclear if the injured worker had a diagnosis which would be concurrent with the guideline recommendation of topical NSAIDS. Additionally, the request did not provide frequency or location where the compound cream will be applied. As such, the request for Keto is not medically necessary and appropriate.

**FCMC Cream 120mg each:** 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 Topical Analgesics Page(s): 111-113.

**Decision rationale:** California (MTUS) Chronic Pain Medical Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Non-steroidal ant inflammatory agents (NSAIDS) efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDS have been shown in meta-analysis to be superior to placebo during the first 2

weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines do not recommend cyclobenzaprine as a topical medication. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations: Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). The documents submitted lacked evidence of outcome measurements of conservative care such as, physical therapy, pain medication management and home exercise regimen. In addition, the request lacked duration, frequency and location where topical is supposed to be applied on injured worker. Given the above, the request is not supported by the guidelines noting the safety or efficacy of this medication. The request for FCMC Cream 120mg each is not medically necessary and appropriate.