

Case Number:	CM14-0088401		
Date Assigned:	07/23/2014	Date of Injury:	12/28/2013
Decision Date:	10/01/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/12/2014

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 Family 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 56-year-old female with a date of injury of 12/28/13. The mechanism of injury occurred when she was injured by the actions of armed robbers. On 12/30/13, a narrative review stated she complained of intermittent moderately severe tenderness of her right hand and state that it was swollen by had gone down. She experienced much stress, shakiness and an inability to sleep. On 2/6/14 she complained of constant head, shoulders, neck, right arm, right hand, leg, right and left foot, and back pain rated 8-10/10. She states her prescription medications make the pain better. On exam, the shoulder and wrist had restricted range of motion. She was extremely anxious in some moderate musculoskeletal discomfort, but severe to extreme anxiolytic distress all from the robbery at gunpoint from 12/28/13. The diagnostic impression is contusion of right hand and anxiety-situational. Treatment to date: medication management. A UR decision dated 5/30/14 denied the request for a prescription for ketoprofen, cyclobenzaprine, flurbiprofen, capsaicin, menthol and camphor topical ointment for the right shoulder and hand. The compounded ointment was denied because there was no clear detail provided in the available documentation as to why the prescription topical compound analgesic was prescribed, particularly since it was mentioned that the patient was already taking other oral medications for pain. Also there was no clear detail provided as to whether this topical treatment was to be used to help facilitate weaning and discontinuation of the oral medications and why the patient could not use an over-the-counter topical agent as the use of prescription topical compound analgesics is unproven as an effective treatment alternative for long term pain relief and not supported in the guideline criteria.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription for ketoprofen, cyclobenzaprine, flurbiprofen, capsaicin, menthol and camphor topical ointment, for right shoulder and hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics: NSAIDs (nonsteroidal anti-inflammatory drugs):.

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. However, the compounded ointment requested contains ketoprofen, cyclobenzaprine, flurbiprofen, capsaicin, menthol and camphor. Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Guidelines do not recommend ketoprofen for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for one prescription for ketoprofen, cyclobenzaprine, flurbiprofen, capsaicin, menthol and camphor topical ointment, for right shoulder and hand was not medically necessary.