

Case Number:	CM14-0097939		
Date Assigned:	07/28/2014	Date of Injury:	03/09/2001
Decision Date:	08/28/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/26/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

Patient is a 73-year-old female who has submitted a claim for lumbago associated with an industrial injury date of March 9, 2001. Medical records from 2014 were reviewed. Patient complains of pain over bilateral buttocks with associated numbness and tingling, radiating to the posterior and lateral aspect of both thighs. Pain is rated at 8-9/10. Physical examination revealed positive signs of inflammation and limited range of motion over the lower back. Treatment to date has included oral analgesic medications, opioids, vitamins and supplements. Utilization review from June 17, 2014 denied the decisions for Topical compound medication consisting of Gabapentin 5%, Ketoprofen 10%, Tramadol 5%, and Cyclobenzaprine 2.5% in Lipoderm base and Topical compound medication consisting of Flurbiprofen 20%, Capsaicin 0.025%, and Methyl Salicylate 4% in Lipoderm base, Quantity: 180 because compounded products have limited published studies concerning its efficacy or safety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound medication consisting of Gabapentin 5%, Ketoprofen 10%, Tramadol 5%, and Cyclobenzaprine 2.5% in Lipoderm base: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation ODG Pain (updated 06/10/14) - Compound drugs.

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

Decision rationale: As noted on pages 111-113 in the CA MTUS Chronic Pain Medical Treatment Guidelines, there is little to no research as for the use of Gabapentin. As for Ketoprofen, according to the FDA, this agent is currently not approved for topical application and has an extremely high incidence of photocontact dermatitis. As for Tramadol, as noted on page 105 in the CA MTUS Chronic Pain Medical Treatment Guidelines, it is not recommended for treatment of neuropathic pain as there is no evidence to support use. As for Cyclobenzaprine, as stated on page 113 of the California MTUS Chronic Pain Medical Treatment Guidelines, use of Cyclobenzaprine as a topical muscle relaxant is not recommended. In this case, there is no documentation of prescription of topical compounds as part of the patient's treatment regimen. Moreover, guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin, Ketoprofen, Tramadol and Cyclobenzaprine are all not recommended for topical use. Therefore, the request for Topical compound medication consisting of Gabapentin 5%, Ketoprofen 10%, Tramadol 5%, and Cyclobenzaprine 2.5% in Lipoderm base is not medically necessary.

Topical compound medication consisting of Flurbiprofen 20%, Capsaicin 0.025%, and Methyl Salicylate 4% in Lipoderm base, Quantity: 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation ODG Pain (updated 06/10/14) - Compound drugs.

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

Decision rationale: As noted on pages 111-113 in the CA MTUS Chronic Pain Medical Treatment Guidelines, there is little to no research as for the use of Flurbiprofen in compounded products. As for Capsaicin, it is approved as a treatment for osteoarthritis however only for patients who have not responded or are intolerant to other treatments. As for Methyl salicylate, it is recommended for use topically as treatment for chronic pain. In this case, there is no documentation of prescription of topical compounds as part of the patient's treatment regimen. However, guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is not recommended for topical use. Therefore, the request for topical compound medication consisting of Flurbiprofen 20%, Capsaicin 0.025%, and Methyl Salicylate 4% in Lipoderm base, Quantity: 180 is not medically necessary.