

Case Number:	CM13-0060467		
Date Assigned:	12/30/2013	Date of Injury:	01/19/2000
Decision Date:	02/04/2015	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/03/2013

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 Emergency Medicine, and is licensed to practice in New York. 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 patient was a 53-year-old female who was injured on January 19, 2000. The patient continued to experience pain in her neck and arm. Physical examination was notable for painful range of motion of the cervical spine, positive Spurling test of the cervical spine, mild right limb weakness, and decreased sensation to light touch to C6. Diagnoses included cervical disc herniation, cervical radiculopathy, lumbar disc herniation, and lumbar radiculopathy. Treatment included medications, aquatic therapy, and epidural steroid injections. Request for authorization for compounded topical analgesic containing, ketoprofen, cyclobenzaprine, flurbiprofen, capsaicin, and menthol was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETOPROFEN 1GM, CYCLOBENZAPRINE 1GM, BASE 8GM AND FLURBIPROFEN 1GM, CAPSAICIN .25MG, MENTHOL .05MG, BASE 8/875GM: 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, MEDICATION-COMPOUND DRUGS

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Treatment Guidelines from the Medical

Letter, April 1, 2013, Issue 128: Drugs for pain; UpToDate: Camphor and menthol: Drug information

Decision rationale: This medication is a compounded topical analgesic containing ketoprofen, cyclobenzaprine, flurbiprofen, capsaicin, and menthol. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Absorption of the drug depends on the base it is delivered in. Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. It is not recommended. Cyclobenzaprine is a muscle relaxant. There is no evidence for use of any other muscle relaxant as a topical product. Cyclobenzaprine is not recommended. Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). Flurbiprofen is recommended as an oral agent for the treatment of osteoarthritis and the treatment of mild to moderate pain. It is not recommended as a topical preparation. Capsaicin is recommended only as an option in patients who have not responded or cannot tolerate other treatments. It is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain and is considered experimental in high doses. There is no documentation that the patient is diagnosed with osteoarthritis or fibromyalgia. It is not recommended. Camphor and menthol are topical skin products that available over the counter and used for the relief of dry itchy skin. Topical analgesics containing menthol, methylsalicylate or capsaicin are generally well-tolerated, but there have been rare reports of severe skin burns requiring treatment or hospitalization. Menthol is not recommended. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended. The request should not be authorized.