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| Case Number: | CM14-0012783 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 04/28/2013 |
| Decision Date: | 03/06/2015 | UR Denial Date: | 01/21/2014 |
| Priority: | Standard | Application Received: | 01/31/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

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 66 year old female who sustained a work related injury on 4/28/2013. The mechanism of injury is not documented in the medical records submitted for review. Per the most recent Primary Treating Physician's Progress Report (PR2) dated 1/02/2014, the injured worker reported left elbow pain when reclining on it but not often, described as 2 out of 10. Pain in the bilateral knees is described as burning, tingling and spasm, 8 out of 10, in both knees but most often on the left knee. Objective physical examination revealed positive medial and lateral tenderness and positive McMurray's sign in both knees. Diagnoses included degenerative joint disease of the bilateral knees. The plan of care included acupuncture, chiropractic, topical compound medications, urinalysis, pain management referral, orthopedic consultation and follow up care. Work status is modified. Electromyography (EMG) dated 9/30/2013 revealed a normal study of the bilateral lower extremities. Magnetic resonance imaging (MRI) of the left elbow dated 10/17/2013 revealed minimal joint effusion at the humero-ulnar and humero-radial joints. No other gross abnormality noted. A Nerve Conduction Study (NCS) of the upper extremities dated 10/31/2013 revealed electro physiologic evidence suggestive of left median motor nerve neuropathy which is primarily demyelinating and seen primarily at the wrist, consistent with left carpal tunnel syndrome. EMG dated 10/31/2013 revealed a normal study of the bilateral upper extremities. On 1/21/2014, Utilization Review non-certified a prescription for Ketoprofen/Cyclobenzaprine/Lidocaine #1 based on lack of medical necessity. The CA MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETOPROFEN, CYCLOBENZAPRINE, LIDOCAINE #1: 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 Compound drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and Guidelines Page(s): 111-112.

Decision rationale: This medication is a compounded topical analgesic containing ketoprofen, cyclobenzaprine, and lidocaine. 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 muscle relaxant as a topical product. Lidocaine is recommended for localized peripheral pain after the evidence of a trial for first-line therapy, such as an antidepressant or antiepileptic drug. In this case the diagnosis of neuropathic pain is not supported by the documentation in the medical record. It is only FDA approved for the treatment of post-herpetic neuralgia. Lidocaine is not recommended. The guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended. The request should not be authorized.