

Case Number:	CM14-0016187		
Date Assigned:	02/10/2014	Date of Injury:	04/13/2013
Decision Date:	03/09/2015	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/10/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50 year old female, who sustained a work related injury on 4/13/13. There is no documentation on nature of injury or initial complaints. The diagnoses have included cervical spine sprain, left shoulder sprain and left hand tendinopathy. Treatment to date has included acupuncture, Extracorporeal Shockwave (ESWT), myofascial release, electrical stimulation and use of heat or cold therapy. Currently, per the notation in the Utilization Review, the injured worker complains of left arm pain and swelling. She rated the pain 8/10. On 2/4/14, Utilization Review non-certified an urgent request for Ketoprofen/Cyclobenzaprine/Lidocaine 10 percent/3 percent/6 percent 120 gm. and an urgent request for Flurbiprofen/Capsaicin/Menthol 10/.025/2/1 percent 120 gm. noting compounded products are not recommended. Topical NSAIDS are not recommended for neuropathic pain. Capsaicin recommended only to those patients who have not responded or who do not tolerate other treatments. CA MTUS Chronic Pain Medical Treatment 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 10%/3%/6%, 120GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

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

Decision rationale: According to the 2/04/14 Utilization Review letter, the topical Ketoprofen/Cyclobenzaprine/Lidocaine 10%/3%/6%, cream requested on the 1/15/14 medical report was denied because it is unproven as an effective treatment. According to the 1/15/14 general surgery report, the patient has left arm pain. The diagnoses are cervical sprain; left shoulder sprain and left hand tendinopathy. The treatment plan states (topical compound creams ordered) but there is no discussion of what body region these were ordered for. MTUS chronic pain medical treatment guidelines, pages 111-113, for (Topical Analgesics) states: "Any compounded product that contains at least one drug or drug class that is not recommended is not recommended." The compound topical contains cyclobenzaprine, a muscle relaxant. MTUS states that muscle relaxants are not recommended as a topical product. Therefore, the whole compound that contains the cyclobenzaprine is not recommended. The request for topical Ketoprofen/Cyclobenzaprine/Lidocaine 10%/3%/6%, 120gm IS NOT medically necessary.

FLURBIPROFEN/CAPSAICIN/MENTHOL 10/0.025/2/1%, 120GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

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

Decision rationale: According to the 2/04/14 Utilization Review letter, the topical Flurbiprofen/Capsaicin/Menthol 10/0.025/2/1%, requested on the 1/15/14 medical report was denied because it is unproven as an effective treatment. According to the 1/15/14 general surgery report, the patient has left arm pain. The diagnoses are cervical sprain; left shoulder sprain and left hand tendinopathy. The treatment plan states (topical compound creams ordered) but there is no discussion of what body region these were ordered for. MTUS chronic pain medical treatment guidelines, pages 111-113, for (Topical Analgesics) states: "Any compounded product that contains at least one drug or drug class that is not recommended is not recommended." MTUS states topical analgesics are "Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." MTUS for topical NSAIDs states they are not recommended for neuropathic pain. The compounded product contains capsaicin which is recommended for neuropathic pain after trials of antidepressants and anticonvulsants have failed. The product also contains a topical NSAID that is not recommended for neuropathic pain. The patient's diagnosis does not document neuropathic pain, and there is no indication that the patient tried and failed antidepressants and anticonvulsants. The Capsaicin component of the compounded product would not be recommended for the patient's diagnoses, therefore the whole compounded product that contains capsaicin is not recommended. The request for topical Flurbiprofen/Capsaicin/Menthol 10/0.025/2/1%, 120 gm IS NOT medically necessary.

