

Case Number:	CM14-0161842		
Date Assigned:	10/03/2014	Date of Injury:	06/01/2011
Decision Date:	04/22/2015	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/25/2014

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: Texas, California

Certification(s)/Specialty: Family Practice

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 49-year-old female, who sustained an industrial injury on 6/1/11. She reported bilateral wrist injury. The injured worker was diagnosed as having cervical spine sprain/strain, bilateral shoulder tendinitis, bilateral wrist carpal syndrome and lumbar spine herniated nucleus pulposus. Treatment to date has included physical therapy, activity restrictions, cortisone injection to wrists, chiropractic treatment and home exercise program. Currently, the injured worker complains of bilateral wrist pain. On physical exam, the injured worker was noted to have improvement in tenderness and range of motion of cervical and lumbar spine. In the past, she has benefitted from topical medications. The current treatment plan includes continuation of topical medications and (EMG) Electromyogram studies on 3/5/13 that was normal. Per the doctor's note, dated 8/24/14 patient had complaints of pain in wrist and back at 7/10 with radiation and numbness. Physical examination revealed limited range of motion and positive SLR. The medication list includes Tramadol, Protonix, Flexmid and Anaprox. The patient has had X-ray and MRI of the low back. The patient has had MRI of the bilateral wrist that revealed cyst and ganglion. The patient sustained the injury due to cumulative trauma. Patient has received an unspecified number of PT and acupuncture visits for this injury

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Capsaicin/Camphor 10/0.025%/2%/1% 120gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Any trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Intolerance or contraindication to oral medications was not specified in the records provided. Evidence of diminished effectiveness of oral medications was not specified in the records provided. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: not recommended, as there is no evidence to support use. Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. The medication Flubiprofen is a NSAID. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Flurbiprofen, Capsaicin is not recommended by MTUS in this patient. Therefore, the request is not medically necessary.

Ketoprofen/Cyclobenzaprine/Lidocaine 10%/3%/5% 120gm tube: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

Decision rationale: According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has

been inconsistent and most studies are small and of short duration. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended, as there is no evidence to support use. Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Any trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Intolerance or contraindication to oral medications was not specified in the records provided. Evidence of diminished effectiveness of oral medications was not specified in the records provided. Cyclobenzaprine is a muscle relaxant. Per the cited guidelines, other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. As per cited guideline, there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended, as there is no evidence to support use. The medication Ketoprofen is a NSAID. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Cyclobenzaprine and Ketoprofen are not recommended by MTUS. Therefore, the request is not medically necessary.