

Case Number:	CM14-0174255		
Date Assigned:	10/24/2014	Date of Injury:	11/06/2008
Decision Date:	01/02/2015	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/20/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in California. 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 is a 62-year old female with date of injury 11/6/08. The treating physician report dated 2/4/14 indicates that the patient presents with chronic pain affecting her neck, back, shoulder, hand and knee. The physical examination findings reveal cervical spine tenderness, Painful and limited Range of Motion (ROM). Right shoulder tenderness over the anterior lateral deltoid as well as AC joint. ROM limited and with pain, right hand post-surgical tenderness, range of motion normal with pain in palmar and volar flexion. Lumbar spine tenderness, antalgic gait, limited ROM secondary to pain and negative straight leg raise, mildly diminished L4-L5 sensation in the lower extremities. Right knee is status post-surgical intervention with improved ROM and crepitus with decreased ROM. Prior treatment history includes R knee surgery, R hand carpal tunnel release surgery. There is no mention of MRI findings. The current diagnoses are: - Sprain and Strains of the Neck-Pain in Joint of Shoulder-Knee Sprain/Strain-Lumbosacral Radiculopathy-Lumbar Sprain/Strain-Lumbar Pain The utilization review report dated 8/1/13 denied the request for both prospective usage and retrospective usage of Flurbiprofen/Cyclobenzaprine 3g and Ketoprofen/Gabapentin/Menthol/Capsaicin 3g based on MTUS guidelines of Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Cyclobenzaprine 3g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

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

Decision rationale: The patient presents with chronic pain affecting her neck, back, shoulder, hand and knee. The current request is for Flurbiprofen/Cyclobenzaprine 3g (Prospective Usage). The only treating physician report provided regarding the patient's medication history dated 2/2/14 states, "She is permanent and stationary. I have refilled medications at her request that she finds helpful in controlling her day to day pain symptoms. With this medication protocol, the patient is also able to participate in a functional restoration program." Unfortunately the PR-2s referenced in the UR determination are not provided and the status of the request for additional information sent to the treating physician on 9/24/14 is unable to determine based upon the medical documentation provided. MTUS regarding topical analgesics states, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." In this case the treating physician has prescribed a topical analgesic that contains cyclobenzaprine. The MTUS guidelines do not support the usage of cyclobenzaprine in topical products as stated on page 113 and MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The request is not medically necessary for compounded topical analgesic as it is not supported in the MTUS guidelines.

Ketoprofen/Gabapentin/Menthol/Capsaicin 3g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

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

Decision rationale: The patient presents with chronic pain affecting her neck, back, shoulder, hand and knee. The current request is for Ketoprofen/Gabapentin/Menthol/Capsaicin 3g (Prospective Usage). The only treating physician report provided regarding the patient's medication history dated 2/2/14 states, "She is permanent and stationary. I have refilled medications at her request that she finds helpful in controlling her day to day pain symptoms. With this medication protocol, the patient is also able to participate in a functional restoration program." Unfortunately the PR-2s referenced in the UR determination are not provided and the status of the request for additional information sent to the treating physician on 9/24/14 is unable to determine based upon the medical documentation provided. MTUS regarding topical analgesics states, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." The treating physician has prescribed a compounded topical analgesic that contains gabapentin which on page 113 of MTUS states, "Not recommended." MTUS goes on to state, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The request is not medically necessary of this compounded topical analgesic as it is not supported in the MTUS guidelines.

Flurbiprofen/Cyclobenzaprine 3g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

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

Decision rationale: The patient presents with chronic pain affecting her neck, back, shoulder, hand and knee. The current request is for Flurbiprofen/Cyclobenzaprine 3g (Retrospective Usage). The only treating physician report provided regarding the patient's medication history dated 2/2/14 states, "She is permanent and stationary. I have refilled medications at her request that she finds helpful in controlling her day to day pain symptoms. With this medication protocol, the patient is also able to participate in a functional restoration program." Unfortunately the PR-2s referenced in the UR determination are not provided and the status of the request for additional information sent to the treating physician on 9/24/14 is unable to determine based upon the medical documentation provided. MTUS regarding topical analgesics states, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." The treating physician has prescribed a compounded topical analgesic that contains cyclobenzaprine which on page 113 of MTUS states, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." MTUS goes on to state, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The request is not medically necessary of this compounded topical analgesic as it is not supported in the MTUS guidelines.

Ketoprofen/Gabapentin/Menthol/Capsaicin 3g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

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

Decision rationale: The patient presents with chronic pain affecting her neck, back, shoulder, hand and knee. The current request is for Ketoprofen/Gabapentin/Menthol/Capsaicin 3g (Retrospective Usage). The only treating physician report provided regarding the patient's medication history dated 2/2/14 states, "She is permanent and stationary. I have refilled medications at her request that she finds helpful in controlling her day to day pain symptoms. With this medication protocol, the patient is also able to participate in a functional restoration program." Unfortunately the PR-2s referenced in the UR determination are not provided and the status of the request for additional information sent to the treating physician on 9/24/14 is unable to determine based upon the medical documentation provided. MTUS regarding topical analgesics states, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." The treating physician has prescribed a compounded topical analgesic that contains gabapentin which on page 113 of MTUS states, "Not recommended." MTUS goes on to state, "Any compounded product that contains at least one drug (or drug class)

that is not recommended is not recommended." The request is not medically necessary of this compounded topical analgesic as it is not supported in the MTUS guidelines.