

Case Number:	CM14-0190364		
Date Assigned:	11/21/2014	Date of Injury:	02/13/2013
Decision Date:	01/09/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/14/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 46-year-old male who has submitted a claim for lumbar discogenic disease and cervical discogenic pain associated with an industrial injury date of February 13, 2013. Medical records from 2014 were reviewed. The patient complained of low back pain rated 8 to 9/10 in severity associated with muscle spasm. Physical examination showed limited motion of the lumbar spine, positive straight leg raise test bilaterally, antalgic gait, weakness of left abductor hallucis longus rated 4/5, and diminished sensation at the left L3 to L4 dermatomes. The urine drug screen from August 26, 2014 showed consistent result with prescription medications. Treatment to date has included lumbar epidural steroid injection, physical therapy, hydrocodone, ibuprofen, tramadol, gabapentin, amitriptyline, trazodone and topical cream. The utilization review from October 22, 2014 denied the request for retrospective compound creams ketoprofen 10%, cyclobenzaprine 3%, capsaicin 0.0375%, menthol 2%, camphor 1% 30gm and 120gm (DOS: 8/14/14 & 9/15/14) because of limited published studies concerning its efficacy and safety; and denied retrospective urine drug screen from date of summary September 11, 2014 because of no documentation that the patient was at high a risk for adverse outcomes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective compound creams ketoprofen 10%, cyclobenzaprine 3%, capsaicin 0.0375%, menthol 2%, camphor 1% 30gm and 120gm (DOS: 8/14/14 & 9/15/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin; Topical Analgesics Page(s): 28-29; 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Ketoprofen is not recommended for topical use as there is a high incidence of photo contact dermatitis. Cyclobenzaprine is not recommended for use as a topical analgesic. CA MTUS Chronic Pain Medical Treatment Guidelines identifies on page 28 that topical Capsaicin is only recommended as an option if there was failure to respond or intolerance to other treatments. The guideline states there is no current indication that an increase over a 0.025% formulation of capsaicin would provide any further efficacy. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. The guidelines do not address camphor. In this case, topical cream is prescribed as adjuvant therapy to oral medications. However, the prescribed medication contains ketoprofen, cyclobenzaprine and capsaicin in 0.0375% formulation which are not recommended for topical use. Guidelines state that any compounded product that contains a drug class, which is not recommended, is not recommended. Therefore, the request for retrospective compound creams ketoprofen 10%, cyclobenzaprine 3%, capsaicin 0.0375%, menthol 2%, camphor 1% 30gm and 120gm (DOS: 8/14/14 & 9/15/14) was not medically necessary.

Retrospective Urine Drug Screen (UDS) (DOS: 9/11/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 43, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. Screening is recommended randomly at least twice and up to 4 times a year. In this case, current medications include hydrocodone, ibuprofen, gabapentin, amitriptyline, tramadol, trazodone and topical cream. The urine drug screen from August 26, 2014 showed consistent result with prescription medications. There was no evidence of aberrant drug behavior that may necessitate repeat urine testing. Therefore, the request for retrospective urine drug screen (UDS) (DOS: 9/11/14) was not medically necessary.

