

Case Number:	CM14-0190602		
Date Assigned:	11/24/2014	Date of Injury:	01/28/2013
Decision Date:	01/09/2015	UR Denial Date:	11/10/2014
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 and is licensed to practice in Pennsylvania. 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 injured worker is a 32-year-old gentleman with a date of injury of 01/28/2013. An AME report dated 09/22/2014 identified the mechanism of injury as occurring when restraining an inmate while working as a correctional officer, resulting in left shoulder pain. This AME report and a treating physician notes dated 10/10/2014 indicated the worker was experiencing left shoulder pain, shoulder popping and clicking, and decreased sleep due to pain. Documented examinations described minimal decreased left shoulder motion; positive left shoulder impingement, Neer's, Hawkin's, Speed, cross arm, and Yergueson's testing; positive left O'Brien's maneuver; left shoulder crepitus; and decreased left grip strength. The submitted and reviewed documentation concluded the worker was suffering from a left shoulder superior labral tear, left shoulder residual arthrofibrosis, and on-going post-operative left shoulder pain. Treatment recommendations included pain medications, additional physical therapy, repeat MRI of the shoulder, and a possible need for additional surgery. A Utilization Review decision was rendered on 11/10/2014 recommending non-certification for one 30 g-container of and a 120 g (with two refills) of a topical compound containing Ketoprofen 10%, Cyclobenzaprine 3%, Capsaicin 0.0375%, Menthol 2% and Camphor 1%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Ketoprofen 10%/Cyclobenzaprine 3%/Capsaicin 0.0375%/Menthol 2%/Camphor 1%, 30 grams, quantity of one, provided on October 9, 2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, Topical Analgesics Page(s): 56-57, 112.

Decision rationale: The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. The requested medication is a compound containing medications in the non-steroidal anti-inflammatory (NSAID; Ketoprofen), muscle relaxant (Cyclobenzaprine), and general pain reliever (Menthol, Camphor, and Capsaicin) classes. Topical Capsaicin is recommended by the Guidelines at a 0.025% concentration for pain due to osteoarthritis. Topical menthol is not recommended by the MTUS Guidelines. Topical NSAIDs are recommended to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because benefit decreases with time. It is specifically not recommended for use at the spine, hip, or shoulder areas. The Guidelines are silent as to the use of topical muscle relaxants, and the literature does not support their use. While the MTUS Guidelines are silent on the use of topical camphor, multiple other drugs within this compound are not recommended by the Guidelines. The submitted and reviewed documentation concluded the worker was suffering from a left shoulder superior labral tear, left shoulder residual arthrofibrosis, and on-going post-operative left shoulder pain. There was no discussion of extenuating circumstances that sufficiently support the use of this compound medication in this setting. In the absence of such evidence, the current request for one 30 g-container of a topical compound containing Ketoprofen 10%, Cyclobenzaprine 3%, Capsaicin 0.0375%, Menthol 2% and Camphor 1% with two refills is not medically necessary.

Topical Ketoprofen 10%/Cyclobenzaprine 3%/Capsaicin 0.0375%/Menthol 2%/Camphor 1%, 120 grams, quantity of one with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, Topical Analgesics Page(s): 56-57, 112.

Decision rationale: The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. The requested medication is a compound containing medications in the non-steroidal anti-inflammatory (NSAID; Ketoprofen), muscle relaxant (Cyclobenzaprine), and general pain reliever (Menthol, Camphor, and Capsaicin) classes. Topical Capsaicin is recommended by the Guidelines at a 0.025% concentration for pain due to osteoarthritis. Topical menthol is not recommended by the MTUS Guidelines. Topical NSAIDs are recommended to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because benefit decreases with time. It is specifically not recommended for use at the spine, hip, or shoulder areas. The Guidelines are silent as to the use of topical muscle relaxants, and the literature does not support their use. While the MTUS Guidelines are silent on the use of topical

camphor, multiple other drugs within this compound are not recommended by the Guidelines. The submitted and reviewed documentation concluded the worker was suffering from a left shoulder superior labral tear, left shoulder residual arthrofibrosis, and on-going post-operative left shoulder pain. There was no discussion of extenuating circumstances that sufficiently support the use of this compound medication in this setting. In the absence of such evidence, the current request for 120 g of a topical compound containing Ketoprofen 10%, Cyclobenzaprine 3%, Capsaicin 0.0375%, Menthol 2% and Camphor 1% with two refills is not medically necessary.