

Case Number:	CM14-0196446		
Date Assigned:	12/03/2014	Date of Injury:	06/10/2010
Decision Date:	01/20/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/21/2014

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, has a subspecialty in Interventional Spine 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 29 year old male who sustained a work related injury on June 10, 2010 while carrying a bumper car downstairs with fellow workers, when it fell and landed on his left upper extremity. Current listed diagnoses include chronic neck pain, chronic low back pain with 2.7mm disc protrusion at L4-5 and L5-S1, shoulder impingement syndrome, rotator cuff tendonitis, depression, anxiety and difficulty sleeping. The injured worker underwent a left elbow cubital tunnel release in November 2012 with post-operative rehabilitation with improvement. A cervical magnetic resonance imaging on June 11, 2014 noted mild straightening of the normal lordotic curvature, a 1.5 mm central posterior disc protrusion at C4-5 indenting the anterior aspect of the thecal sac and a suggestion of a annular fissure and 2 mm central posterior disc protrusion at C6-7 causing pressure over the anterior thecal sac. A bilateral trans-facet transforaminal epidural steroid injection at cervical 6-7 was performed on August 23, 2014. Current medications consist of Cymbalta, Hydrocodone, Gabapentin, Topamax, Naproxen and Robaxin. According to the orthopedic progress reports from September 19, 2014, the patient continues to experience neck pain and stiffness radiating to the left upper extremity with numbness and tingling. He exhibits frequent headaches. The pain in his left shoulder is constant radiating to his left hand and fingers. Left shoulder X-ray on September 19, 2014 showed a type II acromion with subacromial spur and acromioclavicular narrowing with degeneration. Cervical X-rays at this time noted degenerative disc disease at C6-7 with anterior and posterior osteophytes. The lumbar spine on examination documented diffuse tenderness and spasm, positive straight leg raise test and tension signs bilaterally. The treating physician has requested authorization for 1 container of Flurbiprofen 20% Cream 120gm.; 1 container of Ketoprofen 20% 120gm/Ketamine 10% Cream 120gm; and 1 container of Gabapentin 10%,

Cyclobenzaprine 10%, Capsaicin 0.0375% cream 120gm. Based on the October 23, 2014 Utilization Review the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 container of Flurbiprofen 20% Cream 120 grams: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: This patient presents with low back and upper extremity complaints. The current request is for 1 container of Flurbiprofen 20% Cream 120gm. The MTUS Guidelines, page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." For Flurbiprofen, which is a non-steroidal anti-inflammatory agent, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration...Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amenable to topical treatment." In this case, the patient does not meet the indication for Flurbiprofen and Tramadol as it has not been tested for transdermal use. Therefore, the requested topical compound cream is not medically necessary.

1 container of Ketoprofen 20% 120 grams/ Ketamine 10% cream 120 grams: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: This patient presents with low back and upper extremity complaints. The current request is for 1 container of Ketoprofen 20% 120gm/Ketamine 10% Cream 120gm. The MTUS Guidelines, page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Under Ketoprofen, MTUS states, "This agent is not currently FDA approved for a topical application." Therefore, this topical compound medication is not medically necessary.

1 container of Gabapentin 10%, Cyclobenzaprine 10%, Capsaicin 0.0375% cream 120 grams: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: This patient presents with low back and upper extremity complaints. The current request is for 1 container of Gabapentin 10%, Cyclobenzaprine 10%, Capsaicin 0.0375% cream 120gm. The MTUS Guidelines, page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Gabapentin and cyclobenzaprine are not recommendation in any topical formulation; therefore, the entire compound topical cream is not medically necessary.