

Case Number:	CM14-0198355		
Date Assigned:	12/08/2014	Date of Injury:	04/20/2009
Decision Date:	01/26/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/25/2014

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. The expert reviewer is Board Certified in Physical Medicine Rehab, has a subspecialty in Pain Medicine 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:

This is a patient with a date of injury of April 20, 2009. A utilization review determination dated November 6, 2014 recommends noncertification of 2 topical compounds. A progress report dated September 30, 2014 identifies subjective complaints stating that the patient is currently going to a site clinic. Physical examination findings are largely illegible. Diagnosis is complex regional pain syndrome right upper extremity. The treatment plan has a box checked stating "referral specialty chronic regional pain syndrome specialist." A report dated April 29, 2014 identifies minimal range of motion in the right arm with 0 grip strength. Diagnoses include cervical spine sprain/strain, partial ankylosis right shoulder, partial ankylosis right hand, right upper extremity chronic regional pain syndrome, anxiety, and depression. The treatment plan recommends topical medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retro) Ketoprofen 10%/ Cyclobenzaprine 10% 60gm jar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines- Pain

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

Decision rationale: Regarding the request for Ketoprofen 10%/ Cyclobenzaprine 10% 60gm, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). 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." Muscle relaxants drugs are not supported by the CA MTUS for topical use. As such, the currently requested Ketoprofen 10%/ Cyclobenzaprine 10% 60gm is not medically necessary.

(Retro) Flurbiprofen 10%/ Capsaicin 0.025%/ Menthol 0.05%/ Camphor 60 gm jar:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines- Pain

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

Decision rationale: Regarding the request for Flurbiprofen 10%/ Capsaicin 0.025%/ Menthol 0.05%/ Camphor 60 gm jar, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). 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." Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient, despite guideline recommendations. In light of the above issues, the currently requested Flurbiprofen 10%/ Capsaicin 0.025%/ Menthol 0.05%/ Camphor 60 gm jar is not medically necessary.