

Case Number:	CM14-0200559		
Date Assigned:	12/10/2014	Date of Injury:	09/24/2012
Decision Date:	01/30/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/01/2014

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 female patient with a date of injury of September 24, 2012. A utilization review determination dated November 10, 2014 recommends non-certification of compound cream flurbiprofen/capsaicin/camphor 10/0.025%/2%/1% 120gm and ketoprofen/cyclobenzaprine/lidoaine 10%/3%/5% 120gm. A progress note dated October 29, 2014 identifies subjective complaints of a pain level of 6/10, insomnia, and fatigue. The physical examination revealed decreased range of motion of the cervical and lumbar spine. The diagnoses include displacement of cervical enter vertebral disc without myelopathy, displacement of lumbar intervertebral without myelopathy, and other affections of shoulder region. The treatment plan recommends chiropractic care 3x4, urinalysis for toxicology, request for topical cream and a right shoulder injection given.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Cream Flurbiprofen/Capsaicin/Camphor 10/0.025%2%1% 120 gm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: Regarding request for a topical compound, the requested topical compound is a combination of flurbiprofen/capsaicin/camphor 10/0.025%/2%/1% 120gm. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Regarding the use of topical non-steroidal anti-inflammatory drug (NSAID), guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment osteoarthritis, but either not afterwards or with the diminishing effect over another two-week period. Regarding use of capsaicin, guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used for short duration. Finally, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of capsaicin therapy. In the absence of clarity regarding those issues, the currently requested topical compound of flurbiprofen/capsaicin/camphor 10/0.025%/2%/1% 120gm is not medically necessary.

Ketoprofen/Cyclobenzaprine/Lidocaine 10%3%5% 120 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG).

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

Decision rationale: Regarding request for a topical compound, the requested topical compound is a combination of ketoprofen/cyclobenzaprine/lidocaine 10%/3%/5%. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Regarding the use of topical non-steroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment osteoarthritis, but either not afterwards or with the diminishing effect over another two-week period. Regarding the use of topical cyclobenzaprine, topical muscle relaxants are not recommended as there is no peer-reviewed literature to support the use of topical baclofen or any other muscle relaxant as a topical product. Regarding the use of topical lidocaine, guidelines state that it is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. There is no indication that the topical NSAID is going to be used for short duration. Additionally, there is no documentation of localized peripheral pain with evidence of failure of first-line therapy as recommended by guidelines prior to the initiation of topical lidocaine. In the absence of clarity regarding those issues, the currently requested topical compound of ketoprofen/cyclobenzaprine/lidocaine 10%/3%/5% is not medically necessary.

