

Case Number:	CM14-0202217		
Date Assigned:	12/12/2014	Date of Injury:	09/05/1985
Decision Date:	02/04/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	12/03/2014

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 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 an injured worker with chronic neck and back conditions and complaints. The patient is a 57 year old male with a date of injury of 9/5/1985. The patient has a history of chronic neck pain which had been treated with surgery and medications. According to the progress report dated 10/22/2014, the patient complained of increased neck pain radiating to bilateral shoulders, right greater than left with pain rated on good days 4/10, and on bad days 9/10. Objective findings included bilateral paracervical tenderness, positive Spurling maneuver centrally, tenderness abnormal T9-T10 bilaterally, decreased bilateral T9, T10, T11 sensation, tenderness at L4-L5 and decreased light touch T9, T10. The patient was diagnosed with degenerated disc disease at the thoracic region, lumbar spinal stenosis, and failed neck surgery syndrome and had been recommended for a transforaminal epidural injection at T9-10. Topical cream BCHLKH containing Baclofen, Capsaicin, Flurbiprofen, Lidoderm and Ketoprofen was requested. Utilization review determination date was November 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Topical Cream BCFLKH #120 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Capsaicin, topical Page(s): 111-113; 28-29.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Baclofen is not recommended. There is no peer-reviewed literature to support the use of topical Baclofen. Capsaicin topical is only an option in patients who have not responded or are intolerant to other treatments. Ketoprofen is a non-FDA-approved agent. Ketoprofen is not currently FDA approved for topical application. Besides Lidoderm, no other commercially approved topical formulation of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend topical Lidocaine for chronic neuropathic pain disorders other than post-herpetic neuralgia. Topical Lidocaine is not recommended for non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Medical records document chronic cervical, thoracic, and lumbosacral spine conditions. Topical cream BCHLKH containing Baclofen, Capsaicin, Flurbiprofen, Lidoderm and Ketoprofen was requested. Medical records do not document that the patient has not responded or is intolerant to other treatments, which is an MTUS requirement for the use of Capsaicin. Per MTUS, Capsaicin topical is only an option in patients who have not responded or are intolerant to other treatments. Medical records do not document a diagnosis of post-herpetic neuralgia, which is the only indication for topical Lidocaine. Per MTUS, Ketoprofen is a non-FDA-approved agent. Ketoprofen is not currently FDA approved for topical application. Per MTUS, topical Baclofen is not recommended. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS guidelines do not support the request for a topical cream BCHLKH containing Baclofen, Capsaicin, Flurbiprofen, Lidoderm and Ketoprofen. Therefore, the request for 1 Prescription of Topical Cream BCFLKH #120 grams :is not medically necessary.