

Case Number:	CM14-0209264		
Date Assigned:	12/22/2014	Date of Injury:	06/01/2011
Decision Date:	02/17/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/15/2014

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 Occupational Medicine and is licensed to practice in Arizona. 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 49 year old female who got injured on 6/1/2011. She is being managed for neck pain, bilateral shoulder pain, bilateral wrist pain and low back pain. The pain in her neck is said to radiate to both shoulders with numbness and tingling in both hands. MRI dated 4/7/2013 revealed early disc desiccation at L1-L2 level, L1-L2 diffuse disc protrusion effacing the thecal sac, spinal canal and neural foramina are patent at all lumbar spine levels. EMG dated 9/15/2014 was reported as abnormal EMG of the lower extremities characterized by acute and chronic lumbosacral radiculopathy primarily involving L5-S1 nerve roots greater on the right. On 11/0/2014 She followed with her treating physician unfortunately most of the notes were not legible to me, She was also seen 9/17/2014 for pain in her cervical spine, right shoulder, right and left wrists and lumbosacral spine. Objective findings include, tenderness lumbosacral spine, positive spasm, positive right straight leg raise at 60 degrees, tenderness to bilateral wrists, reduced range of motion, positive phalens test bilaterally. Her diagnoses include lumbar radiculitis, right sciatica, and bilateral wrist pain rule out carpal tunnel syndrome. The request is for Flurbiprofen/Capsaicin-Camphor 10/0-025%-/ 2%/ 1% 120gm and Ketoprofen/Cyclobenzaprine/Lidocaine 10%/ 3%/ 5% 120gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Capsaicin-Camphor 10/0-025%-/ 2%/ 1% 120gm: 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), Chronic Pain

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

Decision rationale: Per MTUS Topical analgesics are recommended as an option, especially for neuropathic pain when a trial of antidepressants and anticonvulsants have failed. Their advantage is the lack of systemic side effects, absence of drug interactions and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. There is little research to support the use of many of these agents, any compounded product that contains at least one drug class that is not recommended is not recommended. The use of flurbiprofen as a topical agent was not addressed in the MTUS, capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The MTUS does not address camphor. However a review of the injured workers medical records do not reveal a trial of antidepressants or anticonvulsants that has failed and therefore the request for Flurbiprofen/Capsaicin-Camphor 10/0-0.25%-/ 2%/ 1% 120gm is not medically necessary.

Ketoprofen/Cyclobenzaprine/Lidocaine 10%/ 3%/ 5% 120gm: 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), Chronic Pain

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

Decision rationale: Per MTUS Topical analgesics are recommended as an option, especially for neuropathic pain when a trial of antidepressants and anticonvulsants have failed. Their advantage is the lack of systemic side effects, absence of drug interactions and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. There is little research to support the use of many of these agents, any compounded product that contains at least one drug class that is not recommended is not recommended. The use of ketoprofen is currently not FDA approved for topical use as it has an extremely high incidence of photocontact dermatitis. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy, tricyclic or SNRI antidepressant or an AED such as gabapentin or Lyrica. Topical lidocaine in the form of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. There is no evidence for use of any muscle relaxant as a topical product. A review of the injured workers medical records do not reveal a trial of antidepressants or anticonvulsants that has failed and therefore the request for Flurbiprofen/Capsaicin-Camphor 10/0-0.25%-/ 2%/ 1% 120gm is not medically necessary.