

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0024613 | | |
| Date Assigned: | 06/11/2014 | Date of Injury: | 06/15/2010 |
| Decision Date: | 01/02/2015 | UR Denial Date: | 02/18/2014 |
| Priority: | Standard | Application Received: | 02/26/2014 |

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 Emergency Medicine and is licensed to practice in New York. 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 56-year-old male who was injured on June 15, 2010. The patient continued to experience pain in the right foot and lower back pain. Physical examination was notable for Diagnoses included right ankle sprain/strain, right posterior tarsal tunnel syndrome, lumbar spine sprain/strain with radiculopathy, insomnia, and migraine headaches. Treatment included medications, steroid injections, and physical therapy. Requests for authorization for compounded powder gabapentin/ketoprofen/lidocaine/ultraderm and ultraderm/capsaicin/camphor/menthol were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded Gabapentin Bulk Powder, Ketoprofen, Lidocaine, Ultraderm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation UpToDate: Emollients: Drug information

Decision rationale: This is a topical analgesic containing gabapentin, ketoprofen, Lidocaine, and ultraderm. Topical analgesics are recommended for neuropathic pain when anticonvulsants and

antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Gabapentin is not recommended. There is no peer-reviewed literature to support use. Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Absorption of the drug depends on the base it is delivered in. Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. It is not recommended. Lidocaine is recommended for localized peripheral pain after the evidence of a trial for first-line therapy, such as an antidepressant or antiepileptic drug. It is only FDA approved for the treatment of post-herpetic neuralgia. The guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain. In this case there is no documentation that the patient has failed treatment with anticonvulsants or antidepressants. Topical Lidocaine is not recommended. Ultraderm is a topical emollient. It is used to counteract dryness and itchy skin, lubricate and moisturize skin, and aid in protection and healing of superficial wounds, burns, and minor abrasions. It can also relieve itching, burning, and pain experienced with various types of dermatoses and dermal donor and graft site management. There is no documentation that the patient has any of these conditions. It is not medically necessary and is not recommended. This medication contains drugs that are not recommended.

Compounded Ultraderm, Capsaicin, Menthol, Camphor: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation UpToDate: Camphor and menthol: Drug information; Emollients: Drug information, Treatment Guidelines from the Medical Letter, April 1, 2013, Issue 128: Drugs for pain

Decision rationale: This medication is a topical analgesic containing ultraderm, capsaicin, menthol, and camphor. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Ultraderm is a topical emollient. It is used to counteract dryness and itchy skin, lubricate and moisturize skin, and aid in protection and healing of superficial wounds, burns, and minor abrasions. It can also relieve itching, burning, and pain experienced with various types of dermatoses and dermal donor and graft site management. There is no documentation that the patient has any of these conditions. It is not medically necessary and is not recommended. Capsaicin is recommended only as an option in patients who have not responded or cannot tolerate other treatments. It is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain and is considered experimental in high doses. There is no documentation that the patient has failed to respond to other treatments. Capsaicin is not recommended. Camphor and menthol are topical skin products that

available over the counter and used for the relief of dry itchy skin. Topical analgesics containing menthol, methylsalicylate or capsaicin are generally well-tolerated, but there have been rare reports of severe skin burns requiring treatment or hospitalization. There is no documentation that the patient is suffering from dry, itchy skin. Camphor and menthol are not indicated and not recommended. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended.