

Case Number:	CM15-0006188		
Date Assigned:	01/15/2015	Date of Injury:	02/13/2014
Decision Date:	03/12/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 45 year old female, who sustained an industrial injury on February 13, 2014. The injured worker has reported a left ankle injury. The diagnoses have included left ankle internal disruption outlined by MRI findings. Treatment to date has included pain medication, physical therapy, a walking boot, an MRI of the left ankle and left ankle surgery. The injured worker is status post saucerization of the distal tibia and talus and had a Brostrom lateral ankle reconstruction performed. Current documentation dated December 1, 2014 noted that the injured workers physical examination of the left ankle revealed swelling of the ankle and a stable inversion stress test. She had difficulty with a single-leg stance on the left and had an improved gait. On December 18, 2014 Utilization Review non-certified a request for a retrospective compound: Ketoprofen Powder, Cyclobenzaprine Powder, Capsaicin Powder, Menthol Crystals, Camphor Crystals, Professional Compounding Center of America (PCCA) Lidoderm base and the compounding and shipping fee. The MTUS, ACOEM Guidelines, were cited. On January 8, 2015, the injured worker submitted an application for IMR for review of a retrospective compound: Ketoprofen Powder, Cyclobenzaprine Powder, Capsaicin Powder, Menthol Crystals, Camphor Crystals, Professional Compounding Center of America (PCCA) Lidoderm base and the compounding and shipping. A compounding pharmacy prescription dated 11/3/2014 requests two compounds: Both are for Ketoprofen/cyclobenzaprine/capsaicin/menthol/camphor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Ketoprofen powder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20, 9792.26 MTUS (Effective July 1.

Decision rationale: Regarding the request for Ketoprofen, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. It appears that this medication is being prescribed as part of a compound including Ketoprofen/cyclobenzaprine/capsaicin/menthol/camphor. 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." Muscle relaxants drugs are not supported by the CA MTUS for topical use. Within the documentation available for review, none of the above mentioned criteria have been documented, and there is no support for one of the constituents of the compound. 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 Ketoprofen is not medically necessary.

Retro Cyclobenzaprine powder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20, 9792.26 MTUS (Effective July 1.

Decision rationale: Regarding the request for cyclobenzaprine, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. It appears that this medication is being prescribed as part of a compound including Ketoprofen/cyclobenzaprine/capsaicin/menthol/camphor. 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." Muscle relaxants drugs are not supported by the CA MTUS for topical use. Within the documentation available for review, none of the above mentioned criteria have been documented, and there is no support for one of the constituents of the compound.

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 cyclobenzaprine is not medically necessary.

Retro Capsaicin powder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20, 9792.26 MTUS (Effective July 1.

Decision rationale: Regarding the request for capsaicin, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. It appears that this medication is being prescribed as part of a compound including Ketoprofen/cyclobenzaprine/capsaicin/menthol/camphor. 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." Muscle relaxants drugs are not supported by the CA MTUS for topical use. Within the documentation available for review, none of the above mentioned criteria have been documented, and there is no support for one of the constituents of the compound. 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 capsaicin is not medically necessary.

Retro Menthol crystals: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20, 9792.26 MTUS (Effective July 1.

Decision rationale: Regarding the request for menthol, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. It appears that this medication is being prescribed as part of a compound including Ketoprofen/cyclobenzaprine/capsaicin/menthol/camphor. 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." Muscle relaxants drugs are not supported by the CA MTUS for

topical use. Within the documentation available for review, none of the above mentioned criteria have been documented, and there is no support for one of the constituents of the compound. 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 menthol is not medically necessary.

Retro Camphor crystals: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20, 9792.26 MTUS (Effective July 1.

Decision rationale: Regarding the request for camphor, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. It appears that this medication is being prescribed as part of a compound including Ketoprofen/cyclobenzaprine/capsaicin/menthol/camphor. 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." Muscle relaxants drugs are not supported by the CA MTUS for topical use. Within the documentation available for review, none of the above mentioned criteria have been documented, and there is no support for one of the constituents of the compound. 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 camphor is not medically necessary.

Retro PCCA Lipoderm base: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20, 9792.26 MTUS (Effective July 1.

Decision rationale: Regarding the request for lipoderm base, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. It appears that this medication is being prescribed as part of a compound including Ketoprofen/cyclobenzaprine/capsaicin/menthol/camphor. 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." Muscle relaxants drugs are not supported by the CA MTUS for topical use. Within the documentation available for review, none of the above mentioned criteria have been documented, and there is no support for one of the constituents of the compound. 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 lipoderm base is not medically necessary.

Compounding and Shipping fee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20, 9792.26 MTUS (Effective July 1).

Decision rationale: Regarding the request for compounding and shipping, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. It appears that this medication is being prescribed as part of a compound including Ketoprofen/cyclobenzaprine/capsaicin/menthol/camphor. 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". Muscle relaxants drugs are not supported by the CA MTUS for topical use. Within the documentation available for review, none of the above mentioned criteria have been documented, and there is no support for one of the constituents of the compound. 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 compounding and shipping is not medically necessary.