MAXIMUS Federal Services

Case Number:	CM15-0008014		
Date Assigned:	02/20/2015	Date of Injury:	07/20/2000
Decision Date:	03/30/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/14/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 54-year-old woman sustained an industrial injury on 7/20/200. The emcahnism of injury is not detailed. Current diagnoses include left shoulder internal derangement and chronic neck pain. Treatment has included oral medications. Physician notes dated 12/2/2014 show complaints of ongoing and worsening neck, upper back, and shoulder pain. Vicodin, Soma, and NSAID cream has been noted to help with the pain. Recommendations include refilling medications including topical NSAIDs, acupuncture, one-year gym membership, and follow up in two to three months.On 12/29/2014, Utilization Review evaluated prescriptions for Ketoprofen 10%, Cyclobenzaprine 3%, Capsaicin 0.0375%, Menthol 2%, and Camphor 1% as well as Ketoprofen 10%, Gabapentin 7%, and Lidocaine 7/10/5%, that were submitted on 1/13/2015. The UR physician noted topical applications of Ketoprofen, muscle relaxants, and Lidocaine are not recommended, therefore, the whole application is not recommended. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 10%, Cyclobenzaprine 3%, Capasaicin 0.0375%, Menthol 2% Camphor 1% Cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants are not recommended due to lack of evidence. Since the above compound contains topical Cyclobenzaprine, the Ketoprofen 10%, Cyclobenzaprine 3%, Capasaicin 0.0375%, Menthol 2% Camphor 1% Cream is not medically necessary.

Gabapentin/Ketoprofen/Lidocaine 7/10/5%, (Ketoprofen 20%) Cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Gabapentin is not recommended due to lack of clinical evidence to support its use. Since the compound in question above contains Gabapentin, it is not recommended.