

Case Number:	CM15-0103731		
Date Assigned:	06/08/2015	Date of Injury:	04/20/2014
Decision Date:	09/04/2015	UR Denial Date:	05/17/2015
Priority:	Standard	Application Received:	05/29/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59-year-old female who sustained an industrial injury on 4.20.14. The mechanism of injury was unclear. She currently complains of intermittent headaches; neck pain with a pain level of 3 out of 10 with stiffness and popping and reports improvement; left shoulder pain (5 out of 10); numbness of the fingers of the left hand; anxiety; depression and difficulty sleeping; shortness of breath; difficulty articulating certain syllables. Medication was Norco. Diagnoses include status post anterior cervical discectomy and fusion at C5-6 (11.19.14); cervical spinal stenosis with myelomalacia and pseudo myelopathy. Treatments to date include medications; physical therapy. Diagnostics include cervical MRI showing protrusions at C5-6; x-rays of the cervical spine (5.1.15) showing fixation intact and alignment satisfactory. In the progress note dated 5.1.15 the treating provider's plan of care includes requests for flurbiprofen 20% cream 120gm; Ketamine 10% cream 120gm; Gabapentin 10%, Cyclobenzaprine 10%, Capsaicin 0.0375% cream 120gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% cream 120gm: 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 Topical Analgesics Page(s): 11-113.

Decision rationale: Records indicate the patient has complaints of postoperative neck pain and stiffness. The current request is for Flurbiprofen 20% cream 120gm. According to the CA MTUS guidelines, Topical Analgesics are recommended as an option as indicated below. 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. These agents are applied locally to painful areas with advantages that include 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 (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Note: Topical analgesics work locally underneath the skin where they are applied. These do not include transdermal analgesics that are systemic agents entering the body through a transdermal means. In this case, The MTUS guidelines do not support the usage of Flurbiprofen 20% cream (NSAID) for the treatment of spine, hip, shoulder or neuropathic pain. NSAID topical analgesics are indicated for osteoarthritis and tendinitis of the knee and elbow or other joints that are amenable to topical treatment. This patient presents post-surgical neck pain and the current request is not supported by the guidelines and therefore not determined to be medically necessary.

Ketoprofen 20% Ketamine 10% 120gm: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: Records indicate the patient has complaints of postoperative neck pain and stiffness. The current request is for Ketoprofen 20% Ketamine 10% 120gm. According to the CA MTUS guidelines, Topical Analgesics are recommended as an option as indicated below. 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. These agents are applied locally to painful areas with advantages that include 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 (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not

recommended. Ketoprofen is not currently FDA approved for a topical application. Ketamine: Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia and both have shown encouraging results. The exact mechanism of action remains undetermined. In this case, the patient is status-post cervical C5/6 fusion. Neither Ketoprofen or Ketamine is supported by the guidelines for cervical pain. As such, the available medical records is not medically necessary.

Gabapentin 10% Cyclobenzaprine 10% Capsaicin 0.0375% cream 120g: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: Records indicate the patient has complaints of postoperative neck pain and stiffness. The current request is for Gabapentin 10% Cyclobenzaprine 10% Capsaicin .0375% cream 120gm. According to the CA MTUS guidelines, Topical Analgesics are recommended as an option as indicated below. 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. These agents are applied locally to painful areas with advantages that include 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 (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the MTUS guidelines do not recommend any muscle relaxants as a topical product. Furthermore, there is no peer-reviewed literature to support Gabapentin as a topical analgesic. As such, the records are not medically necessary for this request.