

Case Number:	CM15-0103977		
Date Assigned:	06/08/2015	Date of Injury:	08/15/2014
Decision Date:	07/08/2015	UR Denial Date:	04/30/2015
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: Maryland

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

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 48-year-old female injured worker suffered an industrial injury on 08/15/2014. The diagnoses included bilateral carpal tunnel syndrome, cervical spine strain/sprain, bilateral upper extremity radiculopathy, thoracic sprain/strain, bilateral shoulder strain/sprain, and depression. The diagnostics included electromyographic studies and right wrist x-rays. The injured worker had been treated with medications, physical therapy and right carpal tunnel release. On 4/20/2015, the treating provider reported difficulty sleeping due to the pain. She complained of frequent cervical spine pain with radiations to the arms along with numbness and tingling to the hands and fingers with pain rated 8 to 9/10 most days. There was frequent pain in the bilateral shoulder with pain radiating to the arms. She complained of bilateral hands/wrist pain that is present 90% of the time along with numbness and tingling along with weakness with dropping of objects. On exam, the right hand grip was much reduced. The pain most days was 9/10. The cervical spine range of motion was restricted. The treatment plan included Flurbiprofen 20% cream, Ketoprofen 20%/Ketamine 10% cream, and Gabapentin 10%/Cyclobenzaprine 10%/Capsaicin 0.0375% cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream: Flurbiprofen 20% cream 120 gm: Upheld

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

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

Decision rationale: Compound cream: Flurbiprofen 20% cream 120 gm is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment 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. The request as written does not specify a specific quantity for this compound cream and the MTUS only recommends this for short-term use. Furthermore, it is not clear what body parts this cream is to be used for and the MTUS does not support this cream for spine, hip or shoulder use. For these reasons, the request for Flurbiprofen 20% cream is not medically necessary.

Compound cream: Ketoprofen 20%/Ketamine 10% cream 120 gm: Upheld

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

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

Decision rationale: Compound cream: Ketoprofen 20%/Ketamine 10% cream 120 gm is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that Ketoprofen is not currently FDA approved for a topical application due to the extremely high incidence of photocontact dermatitis. Topical Ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all-primary and secondary treatment has been exhausted. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines do not support topical Ketoprofen therefore, the entire compound cream is not medically necessary.

Compound cream: Gabapentin 10%/Cyclobenzaprine 10%/Capsaicin 0.0375% cream 120 gm: Upheld

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

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

Decision rationale: Compound cream: Gabapentin 10%/Cyclobenzaprine 10%/Capsaicin 0.0375% cream 120 gm is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that topical muscle relaxants such as Cyclobenzaprine are not recommended as there is no peer-reviewed literature to support use. The MTUS does not support topical Gabapentin for this patient. Furthermore, the MTUS states that there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines do not support topical Cyclobenzaprine; topical Gabapentin or 0.0375% topical Capsaicin therefore the entire compound cream is not medically necessary.