MAXIMUS Federal Services

Case Number:	CM15-0166578		
Date Assigned:	09/14/2015	Date of Injury:	02/18/2014
Decision Date:	10/19/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/25/2015

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 70 year old male, who sustained an industrial injury on February 18, 2014, incurring injuries to the right shoulder and right upper extremity. Right shoulder Magnetic Resonance Imaging revealed partial thickness tearing with impingement. He was diagnosed with a ruptured biceps tendon, tendinitis of the elbow and wrist and right rotator cuff syndrome. Treatment included physiotherapy, chiropractic sessions, pain medications, and steroid injections without relief. He underwent right shoulder arthroscopy with repair of the rotator cuff. Currently, the injured worker complained of constant right shoulder pain radiating to the right upper extremity with numbness and a tingling sensation rated 7-8 out of 10 on a pain scale. He noted constant right elbow pain rated 2-3 out of 10 with radiation to the right upper extremity. He developed anxiety, depression, stress and insomnia secondary to the persistent pain. He has stiffness with limited mobility and had difficulties with lifting, pushing and pulling and reaching affecting his activities of daily living. The treatment plan that was requested for authorization August 25, 2015, included prescriptions for Flurbiprofen compound cream, Ketoprofen and Ketamine compound cream, and Gabapentin, Cyclobenzaprine and Capsaicin compound cream retrospectively given on March 31, 2015. On August 10, 2015, utilization review denied the request for the use of topical analgesic compound creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Compounded analgesics: Flurbiprofen 20% cream 120gms DOS: 3/31/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The medical records indicate the patient has ongoing right shoulder pain. The current request for consideration is Retrospective compounded analgesics: Flurbiprofen 20% cream, 120 gms, DOS: 3/31/15. The CA MTUS states that topical analgesics 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. (Namaka, 2004) 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. 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. Flurbiprofen is a non-steroidal anti-inflammatory used to treat pain cause by osteoarthritis or rheumatoid arthritis. Flurbiprofen is not recommended by the MTUS as a topical analgesic. In this case, the patient is not diagnosed with osteoarthritis or rheumatoid arthritis. The medical records do not establish medical necessity for the request of Flurbiprofen in a topical compounded analgesic. As such, the retrospective request for Flurbiprofen 20% cream, 120gms: DOS: 3/31/15 is not medically necessary.

Retro Compounded analgesics: Ketoprofen 20%, Ketamine 10% cream 120gms DOS: 3/31/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The medical records indicate the patient has ongoing right shoulder pain. The current request for consideration is Retrospective compounded analgesics: Ketoprofen 20%, Ketamine 10% cream, 120gms: DOS:3/31/15. The CA MTUS states that topical analgesics 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. (Namaka, 2004) 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. 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. Specifically for Ketoprofen, the MTUS says Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. As such, the retrospective request for Ketoprofen 20%, Ketamine 10% cream, 120gms: DOS: 3/31/15 is not medically necessary.

Retro Compounded analgesics: Gabapentin 10%, Cyclobenzaprine 10%, Capsaicin 0.0375% cream 120gms DOS: 3/31/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The medical records indicate the patient has ongoing right shoulder pain. The current request for consideration is Retrospective compounded analgesics: Gabapentin 10%, Cyclobenzaprine 10%, Capsaicin .0375% cream 120gms: DOS: 3/31/15. The CA MTUS states that topical analgesics 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. (Namaka, 2004) 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. 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. Gabapentin and muscle relaxants are not recommended as topical analgesics by the MTUS guidelines. As such, the retrospective request for Gabapentin 10%, Cyclobenzaprine 10%, Capsaicin .0375% cream 120gms: DOS: 3/31/15 is not medically necessary.