

Case Number:	CM15-0190253		
Date Assigned:	10/02/2015	Date of Injury:	04/07/2011
Decision Date:	11/16/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/28/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 injured worker is a 54 year old female, who sustained an industrial injury on 4-7-2011. Medical records indicate the worker is undergoing treatment for status post right shoulder surgery with recurrent pain, cervical and lumbar disc disorder, right medial epicondylitis, right carpal tunnel syndrome, diabetes mellitus and anxiety-depression. A recent progress report dated 8-5-2015, reported the injured worker complained of right shoulder pain with burning to the right hand, bilateral wrist pain, neck pain and low back pain. Physical examination revealed tenderness to the bilateral volar carpal ligaments with positive Tinel's sign, right acromioclavicular and subacromial bursa tenderness, cervical, thoracic and lumbar tenderness and "decreased range of motion" and tenderness to the epigastric region. Treatment to date has included 6 visits of acupuncture, 14 physical therapy visits, 12 chiropractic visits and medication management. On 8-25-2015, the Request for Authorization requested FCMC Ointment 12 gm as needed in AM and KETO ointment 120mg as needed in PM. On 8-27-2015, the Utilization Review noncertified the request for FCMC Ointment 12 gm as needed in AM and KETO ointment 120mg as needed in PM.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCMC Ointment 12 - gm as needed in AM: 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 based on Non-MTUS Citation UpToDate: Camphor and menthol: Drug information Treatment Guidelines from the Medical Letter, April 1, 2013, Issue 128: Drugs for pain.

Decision rationale: This medication is a compounded topical analgesic containing flurbiprofen, capsaicin, menthol, and camphor. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "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 drug (NSAID). Flurbiprofen is recommended as an oral agent for the treatment of osteoarthritis and the treatment of mild to moderate pain. It is not recommended as a topical preparation. Capsaicin is recommended only as an option in patients who have not responded or cannot tolerate other treatments. It is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain and is considered experimental in high doses. In this case there is no documentation that the patient has failed other treatments. Capsaicin is not recommended. Camphor and menthol are topical skin products that are available over the counter and used for the relief of dry itchy skin. Topical analgesics containing menthol, methylsalicylate or capsaicin are generally well-tolerated, but there have been rare reports of severe skin burns requiring treatment or hospitalization. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended. The request is not medically necessary.

KETO ointment 120mg as needed in PM: 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: Keto ointment is a topical application of the nonsteroidal anti-inflammatory drug ketoprofen. Topical NSAIDs have been shown to be superior to placebo in the treatment of osteoarthritis, but only in the short term and not for extended treatment. The effect appears to diminish over time. Absorption of the medication can occur and may have systemic side effects comparable to oral form. Adverse effects for GI toxicity and renal function have been reported. It has not been evaluated for treatment of the spine, hip, or shoulder. Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Absorption of the drug depends on the base it is delivered in. Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. Topical ketoprofen is not recommended. The request is not medically necessary.