

Case Number:	CM15-0204421		
Date Assigned:	10/21/2015	Date of Injury:	02/26/2015
Decision Date:	12/02/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/19/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 56-year-old female who sustained an industrial injury on 2-26-2015 and has been treated for L4-S1 herniated nucleus pulposus, L4-5 left-sided neuroforaminal narrowing, cervical neuroforaminal narrowing and facet hypertrophy, cervical spinal stenosis, left shoulder sprain, headaches, and left shoulder sprain. On 8-17-2015, the injured worker reported constant, "severe" neck pain rated 8 out of 10 and radiating to the left shoulder and left upper extremity. She also was experiencing "worsening" low back pain described as burning, 10 out of 10, and radiating to the left lower extremity. Objective examination revealed "strongly" positive straight leg raise and Braggard's and Bowstring's tests on the left with "limited" lumbar range of motion. Documented treatment includes physical therapy, use of a neck and arm brace, and medication including Voltaren XR, Prilosec, and topical creams including Flurbiprofen 20 percent cream, Ketoprofen Ketamine, and Gabapentin-Cyclobenzaprine-Capsaicin, since at least 4-2015, noted to "reduce the total amount of oral medications required." Past medication has also included Ibuprofen, Acetaminophen, and cyclobenzaprine. The treating physician's plan of care includes renewing prescriptions for Flurbiprofen 20 percent cream; and, Gabapentin 10 percent, Cyclobenzaprine 10 percent, Capsaicin 0.0375 percent cream, all which were non-certified on 10-12-2015. The injured worker has been working modified duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Container of Flurbiprofen 20% cream, 120 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one container Flurbiprofen 20% cream #120 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are 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. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are L4 - L5 intraforaminal herniated nucleus pulposus with left neuroforaminal narrowing; left lower extremity radiculopathy; L5 - S1 HNP; C3 - C4 right neuroforaminal narrowing; right-sided C3 - C4 facet hypertrophy; developmental cervical spinal stenosis; left shoulder musculoligamentous sprain strain; left-hand/wrist sprain strain G.I./GERD and headaches. Date of injury is February 26, 2015. Request for authorization is October 5, 2015. According to an April 27, 2015 progress note, the treating provider prescribed Flurbiprofen 20% cream; gabapentin 10%/cyclobenzaprine 10%/capsaicin 0.0375% cream and ketoprofen 20%/ketamine 10% cream in association with oral medications. According to an August 17, 2015 progress note, subjective complaints include neck pain with radiation to the left upper extremity and back pain radiating to the lower extremities. Pain score is 10/10. Additional medications include Voltaren XR and Prilosec. Objectively, since decreased range of motion at the cervical and lumbar spine with positive straight leg raising. There is no documentation demonstrating objective optional improvement. Flurbiprofen is not FDA approved for topical use. Any compounded product that contains at least one drug (Flurbiprofen) that is not recommended is not recommended. Consequently, one container Flurbiprofen 20% cream #120 g is not recommended. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, one container Flurbiprofen 20% cream #120 g is not medically necessary.

1 Container of Gabapentin 10%, Cyclobenzaprine 10%, Capsaicin 0.0375% cream 120 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one container gabapentin 10%, cyclobenzaprine 10%, Capsaisin 0.0375% cream, 120 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are 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. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are L4 - L5 intraforaminal herniated nucleus pulposus with left neuroforaminal narrowing; left lower extremity radiculopathy; L5 - S1 HNP; C3 - C4 right neuroforaminal narrowing; right-sided C3 - C4 facet hypertrophy; developmental cervical spinal stenosis; left shoulder musculoligamentous sprain strain; left-hand/wrist sprain strain G.I./GERD and headaches. Date of injury is February 26, 2015. Request for authorization is October 5, 2015. According to an April 27, 2015 progress note, the treating provider prescribed Flurbiprofen 20% cream; gabapentin 10%/cyclobenzaprine 10%/capsaisin 0.0375% cream and ketoprofen 20%/ketamine 10% cream in association with oral medications. According to an August 17, 2015 progress note, subjective complaints include neck pain with radiation to the left upper extremity and back pain radiating to the lower extremities. Pain score is 10/10. Additional medications include Voltaren XR and Prilosec. Objectively, since decreased range of motion at the cervical and lumbar spine with positive straight leg raising. There is no documentation demonstrating objective optional improvement. Capsaicin is generally available as a 0.025% formulation. There have been no studies of a 0.0375% formulation and there is no current indication that an increase over 0.025% formulation would provide any further efficacy. Topical gabapentin is not recommended. Topical cyclobenzaprine is not recommended. Any compounded product that contains at least one drug (gabapentin, cyclobenzaprine and Capsaisin 0.0375%) that is not recommended is not recommended. Consequently, one container gabapentin 10%, cyclobenzaprine 10%, Capsaisin 0.0375% cream, 120 g is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, one container gabapentin 10%, cyclobenzaprine 10%, Capsaisin 0.0375% cream, 120 g is not medically necessary.

1 Container of Ketoprofen 20%, Ketamine 10% cream 120 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one container ketoprofen 20%, ketamine 10% cream, #120 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are 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. Other than

Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are L4 - L5 intraforaminal herniated nucleus pulposus with left neuroforaminal narrowing; left lower extremity radiculopathy; L5 - S1 HNP; C3 - C4 right neuroforaminal narrowing; right-sided C3 - C4 facet hypertrophy; developmental cervical spinal stenosis; left shoulder musculoligamentous sprain strain; left-hand/wrist sprain strain G.I./GERD and headaches. Date of injury is February 26, 2015. Request for authorization is October 5, 2015. According to an April 27, 2015 progress note, the treating provider prescribed Flurbiprofen 20% cream; gabapentin 10%/cyclobenzaprine 10%/capsaisin 0.0375% cream and ketoprofen 20%/ketamine 10% cream in association with oral medications. According to an August 17, 2015 progress note, subjective complaints include neck pain with radiation to the left upper extremity and back pain radiating to the lower extremities. Pain score is 10/10. Additional medications include Voltaren XR and Prilosec. Objectively, since decreased range of motion at the cervical and lumbar spine with positive straight leg raising. There is no documentation demonstrating objective optional improvement. The only available FDA approved topical nonsteroidal anti-inflammatory drug is diclofenac. Ketoprofen topical is not recommended. Ketamine is not recommended except for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Any compounded product that contains at least one drug (ketoprofen topical and ketamine) that is not recommended is not recommended. Consequently, one container ketoprofen 20%, ketamine 10% cream, #120 g is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, one container ketoprofen 20%, ketamine 10% cream, #120 g is not medically necessary.