

<b>Case Number:</b>	CM15-0204984		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	03/17/2014
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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

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 68 year old female with an industrial injury dated 03-17-2014. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder musculoligamentous sprain and strain rule out internal derangement, right carpal tunnel syndrome, lumbar musculoligamentous spine sprain and strain rule out herniated nucleus pulposus, left lower extremity radicular pain and paresthesia, thoracic spine musculoligamentous sprain and strain, hypertension, anxiety, depression, insomnia, gastrointestinal and gastroesophageal reflux disease. In a progress report dated 08-03-2015, the injured worker reported moderate constant low back pain rated 5-6 out of 10, moderate constant right shoulder pain rated a 4-5 out of 10, moderate constant right wrist and hand pain rated a 3-5 out of 10, right thumb pain, anxiety, depression, stress and insomnia. Objective findings (08-03-2015) revealed slow and guarded gait favoring the left lower extremity, diminished left lower extremity deep tendon reflexes, positive Phalen's and Tinel's sign in the bilateral wrist and weakness in the bilateral abductor pollicis brevis motor groups. According to the progress note dated 09-11-2015, the injured worker reported constant right shoulder pain with radiation to right upper extremity with associated limited range of motion. The injured worker reported constant moderate right wrist and hand pain rated 6 out of 10 with radiation to right upper extremity and associated numbness, tingling and swelling. The injured worker reported low back pain rated 4 out of 10 with radiation to the left lower extremity down to foot. The injured worker also complains of abdominal pain, coccyx pain, anxiety, depression, stress and insomnia. The injured worker current medications include topical creams that she reports to be very helpful in relieving pain.

Objective findings (09-11-2015) revealed limited right shoulder range of motion, positive impingement sign on the right and severe weakness in the right shoulder. Treatment has included diagnostic studies, prescribed medications (Flurbiprofen 20% cream, Ketoprofen 20% - Ketamine 10%, cream and Gabapentin 10% - Cyclobenzaprine 10% - Capsaicin 0.0375% cream since at least May of 2015), bladder surgery in 2014 and 2015, home exercise program and periodic follow up visits. The utilization review dated 10-02-2015, non-certified the request for one prescription of Flurbiprofen 20% cream, 120 grams, one prescription of Ketoprofen 20% - Ketamine 10%, cream 120 grams and one prescription of Gabapentin 10% - Cyclobenzaprine 10% - Capsaicin 0.0375% cream, 120 grams.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **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 rationale:** As per MTUS Chronic pain guidelines, topical NSAIDs are shown to be superior to placebo. It should not be used long term. Flurbiprofen is not FDA approved for topical application. There is no justification by the provider as to why the patient requires a non-FDA approved compounded NSAID when there are multiple other approved products including over the counter medications on the market. Another topical NSAID was also requested leading to risk for overdose and side effects. Flurbiprofen is not medically necessary.

#### **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 rationale:** As per MTUS guidelines, any compound product that contains a drug or drug class that is not recommended is not recommended. 1) Ketoprofen: Not FDA approved for topical applications. The use of a non-FDA approved application of a medication when there are multiple other topical NSAIDs is not medically necessary. This was also requested alongside another topical NSAID leading to risk for overdose. Not recommended. 2) Ketamine: Currently under study. Only recommended in advent of failure of 1st and 2nd line treatment. No documentation of any such failure. Ketamine is a Schedule III controlled substance due to risk of abuse. Not recommended. Not a single component is recommended. Not medically necessary.

#### **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 rationale:** As per MTUS guidelines any compound product that contains a drug or drug class that is not recommended is not recommended. 1) Gabapentin is not FDA approved for topical application. No evidence to support topical use. Not medically recommended. 2) Cyclobenzaprine is not FDA approved for topical use. It is not recommended. There is no evidence for efficacy as a topical product. 3) Capsaicin: Data shows efficacy in muscular skeletal and neuropathic pain and may be considered if conventional therapy is ineffective. There is no documentation of treatment failure. Ongoing use of Terocin has not decreased pain and reduced medication use. It is not recommended due to any documentation of prior treatment failure or effectiveness. All components are not recommended; this compounded substance is not medically necessary.