

Case Number:	CM15-0207542		
Date Assigned:	10/26/2015	Date of Injury:	01/25/2011
Decision Date:	12/09/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/21/2015

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: Preventive Medicine, Occupational 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 male, who sustained an industrial injury on 1-25-2011. The injured worker was being treated for status post revision laminectomy, posterior fusion and decompression at L4-5 (lumbar 4-5); status post anterior cervical discectomy and fusion at C2-3 (cervical 2-3) and C3-4 (cervical 3-4) with decompression; status post lumbar spine decompression at L4-5, and residual S1 (sacral 1) radiculitis and sciatica. The injured worker (8-3-2015 and 9-11-2015) reported ongoing neck pain radiating to the bilateral upper extremities and low back pain radiating to the right lower extremity. The medical records did not include documentation of the subjective pain ratings on 6-24-2015. The medical records show the subjective pain rating was 7-8 out of 10 on 8-3-2015 and 9-11-2015. The physical exam (8-3-2015 and 9-11-2015) revealed limited cervical range of motion, 4 out of 5 weakness in the bilateral deltoid and biceps motor groups, and sensory deficit over the bilateral C5 and C6 dermatomes. The physical exam (9-11-2015) revealed limited cervical and lumbar range of motion, positive bilateral Spurling's test, a positive right straight leg raise, weakness and sensory deficit in the bilateral upper extremities and right lower extremity. Diagnostic studies to date have included an MRI and x-rays. Treatment has included a home exercise program, and topical creams: Flurbiprofen 20% since at least 6-2015; Ketoprofen 20%, Ketamine 10% since at least 6-2015; and Gabapentin 10%, Capsaicin 0.0375%, Cyclobenzaprine 10% since at least 6 -2015. Per the treating physician (9-11-2015 report), the injured worker is temporary totally disabled. On 9-11-2015, the requested treatments included topical creams: Flurbiprofen 20%; Ketoprofen 20%, Ketamine 10%; and Gabapentin 10%, Capsaicin 0.0375%, Cyclobenzaprine 10%. On 9-9-

2015, the original utilization review non-certified requests for topical creams: Flurbiprofen 20%; Ketoprofen 20%, Ketamine 10%; and Gabapentin 10%, Capsaicin 0.0375%, Cyclobenzaprine 10%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical NSAIDs, have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. The injured worker's pain is not described as pain from osteoarthritis. Topical flurbiprofen is not an FDA approved formulation. The request for Flurbiprofen 20% is determined to not be medically necessary.

Ketoprofen 20%, Ketamine 10%: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. These guidelines report that topical ketoprofen is not FDA approved, and is therefore not recommended by these guidelines. These guidelines report that ketamine is not recommended for the treatment of chronic pain as there are no quality studies that support its use. As at least one of the medications in the requested compounded medication is not supported by the guidelines, the request for Ketoprofen 20%, Ketamine 10% is determined to not be medically necessary.

Gabapentin 10%, Capsaicin 0.0375%, Cyclobenzaprine 10%: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The MTUS Guidelines do not recommend the use of topical gabapentin as there is no peer-reviewed literature to support use. Topical capsaicin is recommended by the MTUS Guidelines only as an option in patients who have not responded or are intolerant to other treatments. The MTUS Guidelines state that there is no evidence for use of muscle relaxants as a topical product. As at least one of the medications in the requested compounded medication is not recommended by the guidelines, the request for Gabapentin 10%, Capsaicin 0.0375%, Cyclobenzaprine 10% is determined to not be medically necessary.