MAXIMUS Federal Services

Case Number:	CM15-0021939		
Date Assigned:	02/11/2015	Date of Injury:	06/11/2012
Decision Date:	05/20/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/05/2015

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, Public Health & General Preventive 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 6/11/2012. The diagnoses have included cervicogenic syndrome, cervical radiculopathy, lumbar disc displacement, lumbar stenosis and shoulder impingement syndrome. Treatment to date has included medications, physical therapy, epidural steroid injections, and modified activity. Currently, the injured worker complains of constant severe neck pain rated as 8/10 with radiation to the bilateral shoulders with associated numbness and tingling. She also reports severe bilateral shoulder pain rated 8/10 with radiation as well as numbness and tingling in the bilateral upper extremities. Examination of lumbar spine revealed mild improvement in the range of motion with physical therapy. A request was received for Flurbiprofen 20%/Ketoprofen 20%/Ketamine 10%/Gabapentin 10%/Cyclobenzaprine 10%/Capsaicin 0.0375%, 120gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% Cream 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: According to the California MTUS Guidelines, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines indicate that, when any 1 compounded product is not recommended, the entire compounded product is then not recommended. The guidelines also indicate that topical NSAIDs are recommended for osteoarthritis and tendinitis to the knee and elbow. The only FDA approved topical analgesic is Voltaren gel. The clinical documentation submitted for review did not indicate the injured worker had failed antidepressants and anticonvulsants. Moreover, flurbiprofen is not FDA approved for topical use, and there is no documentation regarding body region this is to be applied to. Consequently, the request is not supported. Additionally, the request did not specify duration and frequency of use. As such, the request for Flurbiprofen 20% Cream 120gm is not medically necessary.

Ketoprofen 20%: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: According to the California MTUS Guidelines, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines indicate that, when any 1 compounded product is not recommended, the entire compounded product is then not recommended. The guidelines indicate that ketoprofen is not FDA approved for topical use. The clinical documentation submitted for review did not indicate the injured worker had failed antidepressants and anticonvulsants. Additionally, this medication is not supported by the guidelines. Consequently, the request is not supported. Additionally, the request did not specify duration, frequency, and body region this is to be applied to. As such, the request for Ketoprofen 20% is not medically necessary.

Ketamine 10% Cream 120 GM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: According to the California MTUS Guidelines, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines indicate that, when any 1 compounded product is not recommended, the entire compounded product is then not recommended. The guidelines indicate that ketamine is

under study and has only been studied topically for CRPS I and postherpetic neuralgia. The clinical documentation submitted for review did not indicate the injured worker had failed antidepressants and anticonvulsants. Additionally, topical use of ketamine has only been studied for CRPS I and postherpetic neuralgia. The documentation did not indicate the injured worker had such conditions. Consequently, the request is not supported. Additionally, the request did not specify duration, frequency, or body region this medication is to be applied to. As such, the request for Ketamine 10% Cream 120 GM is not medically necessary.

Gabapentin 10%: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: According to the California MTUS Guidelines, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines indicate that, when any 1 compounded product is not recommended, the entire compounded product is then not recommended. The guidelines state that gabapentin is not recommended topically as there is no peer reviewed literature to support its use. The clinical documentation submitted for review did not indicate the injured worker had failed anti-depressants and anti-convulsants. Moreover, this medication is not supported by the guidelines. Consequently, the request is not supported. Additionally, the request did not specify body region, frequency, or duration. As such, the request for Gabapentin 10% is not medically necessary.

Cyclobenzaprine 10%: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: According to the California MTUS Guidelines, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines indicate that, when any 1 compounded product is not recommended, the entire compounded product is then not recommended. The guidelines also indicate that there is no evidence supporting muscle relaxant use topically. The clinical documentation submitted for review did not indicate the injured worker had failed antidepressants and anticonvulsants. Moreover, this medication is not supported by the guidelines. Additionally, the request did not specify duration, frequency, or body region this is to be applied to. As such, the request for Cyclobenzaprine 10% is not medically necessary.

Capsaicin 0/0375% Cream 120 GM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: According to the California MTUS Guidelines, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines indicate that, when any 1 compounded product is not recommended, the entire compounded product is then not recommended. The guidelines indicate that capsaicin is recommended for those who have not responded or are intolerant to other treatments. The clinical documentation submitted for review did not indicate the injured worker tried and failed antidepressants and anticonvulsants. Moreover, there was a lack of information regarding that the injured worker had not responded or was intolerant to other treatments. Consequently, the request is not supported. Additionally, there have been no studies of a 0.037% formulation of capsaicin, and the request did not specify duration, frequency, or body region the medication is to be applied to. Consequently, the request is not supported. As such the request for Capsaicin 0/0375% Cream 120 GM is not medically necessary.