MAXIMUS Federal Services

Case Number:	CM15-0022468		
Date Assigned:	02/12/2015	Date of Injury:	01/02/2007
Decision Date:	03/31/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/06/2015

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 43 year old female, who sustained an industrial injury on 1/2/2007. The current diagnoses are cervical spine disc syndrome with sprain/strain disorder, cervical radiculopathy, and cervical spinal stenosis, lumbosacral spine disc syndrome with sprain/strain disorder, lumbar radiculopathy, lumbar facet syndrome, and chronic pain syndrome with idiopathic insomnia. Currently, the injured worker complains of neck and low back pain. The pain is characterized as sharp, stabbing, stiffness, weakness, numbness, paresthesia, and generalized discomfort. Physical examination revealed reduced range of motion of the cervical and lumbosacral spine, reduced sensation and strength in the distribution of the left C6 and the left SI spinal nerve roots, absent left biceps and left ankle deep tendon reflexes, and tender and painful left cervical and lumbosacral paraspinal muscles with spasms present. Treatment to date has included medications, physical therapy, and spinal cord stimulator. The treating physician is requesting Ketoprofen 20% 120gm and Ketoprofen 10% /Cyclobenzaprine 3% /Capsaicin .375% /Menthol 2%/Camphor 1% 120gm, which is now under review.On 1/9/2015, Utilization Review had non-certified a request for Ketoprofen 20% 120gm and Ketoprofen 10% /Cyclobenzaprine 3% /Capsaicin .375% /Menthol 2% /Camphor 1% 120gm. The California MTUS Chronic Pain and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Gram Ketoprofen 20 Percent in UL; Apply BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. 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. The request should not be authorized.

120 Gram Ketoprofen 10 Percent Cyclobenzaprine 3 Percent Capsaicin .375 Percent Menthol 2 Percent Camphor 1 Percent: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112. 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 topical analgesic is a compounded medication containing ketoprofen, cyclobenzaprine, 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." 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. Cyclobenzaprine is a muscle relaxant. There is no evidence for use of this muscle relaxant as a topical product. It is not recommended. 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 the patient continues to complain of pain 'all over'. There is no documentation of osteoarthritis or fibromyalgia. It is not recommended. Camphor and menthol are topical skin products that 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. Camphor

and menthol are not recommended. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended. The request should not be authorized.