

Case Number:	CM15-0024732		
Date Assigned:	02/18/2015	Date of Injury:	06/17/2002
Decision Date:	03/31/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/09/2015

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: Physical Medicine & Rehabilitation

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 38 year old male with an industrial injury dated 06/17/2002 after lifting a heavy object. His diagnoses include previous left shoulder instability, cervical strain/sprain syndrome, lumbar discopathy, severe neurologic hypertensive and thoracic outlet symptomology, and status post thoracic neurovascular decompression. Recent diagnostic testing has included a MRI of the left upper extremity (05/01/2014) showing no evidence of left thoracic outlet syndrome or brachial plexus compression, MRI of the lumbar spine (10/28/2014) showing a 2mm annular bulge in the sagittal plane of L1-L2 without central canal stenosis and L5-S1 disc space narrowing with osteophytes, MRI of the cervical spine (10/28/2014) showing minimal annular disc bulging at C5-C7, and electrodiagnostic study (06/12/2014) showing chronic left C7 radiculopathy with possible left C8 radiculopathy, marked left ulnar neuropathy at the elbow and wrist, bilateral mild carpal tunnel syndrome, and mild chronic right L3 radiculopathy. Previous treatments have included conservative care, and medications, thoracic surgery. In a progress note dated 12/30/2014, the treating physician reports aching and stabbing low back pain (rated 8/10) with burning pain and numbness in the bilateral lower extremities, aching and stabbing pain in the cervical spine with pain in the bilateral hands with numbness, upper back pain, aching in the left shoulder with numbness (rate 7/10), stabbing pain in the left arm with numbness, burning pain in the buttocks with numbness, and burning and stabbing pain in the bilateral lower extremities. The objective examination revealed midline tenderness in the paralumbar musculature with spasm and tightness, reduced range of motion of the lumbar spine, decreased sensation at the L4-L5, decreased strength, positive straight leg raises bilaterally, and positive

sciatic stretch sign. The treating physician is requesting 2 compound medications which were denied by the utilization review. On 01/26/2015, Utilization Review non-certified a prescription for Gabapentin 10%/ Cyclobenzaprine 4%/ Ketoprofen 10%/ Capsaicin 0.0375%/ Menthol 5%/ Camphor 2% 120 grams as a neuropathic pain cream, noting that the compound consist of 3 medications that are not recommended for use in a topical form. The MTUS Guidelines were cited. On 01/26/2015, Utilization Review non-certified a prescription for Ketoprofen 20%/Cyclobenzaprine 2%/ Lidocaine 5% 120 grams, noting that the compound consist of 2 medications that are not recommended for use in a topical form. The MTUS Guidelines were cited. On 02/09/2015, the injured worker submitted an application for IMR for review of Gabapentin 10%/ Cyclobenzaprine 4%/ Ketoprofen 10%/ Capsaicin 0.0375%/ Menthol 5%/ Camphor 2% 120 grams as a neuropathic pain cream, and Ketoprofen 20%/Cyclobenzaprine 2%/ Lidocaine 5% 120 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%/ Cyclobenzaprine 4%/ Ketoprofen 10%/ Capsaicin 0.0375%/ Menthol 5%/ Camphor 2% 120 grams as a neuropathic pain cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID, muscle relaxant, anti-epileptic over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. It is also unclear why the patient is being prescribed 2 concurrent topical anti-inflammatories, posing an increase risk profile without demonstrated extenuating circumstances and indication. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this muscle relaxant and anti-seizure medications for this chronic injury without improved functional outcomes attributable to their use. The Gabapentin 10%/ Cyclobenzaprine 4%/ Ketoprofen 10%/ Capsaicin 0.0375%/ Menthol 5%/ Camphor 2% 120 grams as a neuropathic pain cream is not medically necessary and appropriate.

Ketoprofen 20%/Cyclobenzaprine 2%/ Lidocaine 5% 120 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID and muscle relaxant over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. It is also unclear why the patient is being prescribed 2 concurrent topical anti-inflammatories, posing an increase risk profile without demonstrated extenuating circumstances and indication. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this muscle relaxant medication for this chronic injury without improved functional outcomes attributable to their use. The is not medically necessary and appropriate.