

Case Number:	CM15-0218145		
Date Assigned:	11/10/2015	Date of Injury:	01/25/2013
Decision Date:	12/24/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/05/2015

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: 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 year old female, who sustained an industrial injury on January 25, 2013, incurring left thumb and hand injuries. She was diagnosed with a trigger finger left thumb sprain, left hand sprain, tendinitis and carpal tunnel syndrome. Treatment included physical therapy, occupational therapy, acupuncture, injections, anti-inflammatory drugs, muscle relaxants, pain medications, proton pump inhibitor, and topical muscle relaxant cream. The thumb pain worsened after a surgical left thumb reconstruction in December, 2014. Currently, the injured worker complained of left thumb pain. She noted difficulties with gripping, and grasping. She rated her pain 3 out of 10 on a pain scale from 0 to 10 with medications. She had difficulty with activities of daily living secondary to pain and range of motion. The treatment plan that was requested for authorization included a prescription for a compound cream. On October 9, 2015, a request for a prescription of a compound cream (Ketoprofen 10% and Cyclobenzaprine 3%) was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream (Ketoprofen 10%, Cyclobenzaprine 3%), 120gms: 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: This medication is a compounded topical analgesic containing ketoprofen and cyclobenzaprine. 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 any muscle relaxant as a topical product. This medication contains drugs that are not recommended. Therefore, the medication is not medically necessary. The request should not be authorized.