

Case Number:	CM15-0052662		
Date Assigned:	03/26/2015	Date of Injury:	10/19/2005
Decision Date:	05/05/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/19/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 31 year old female who sustained a work related injury on October 19, 2005, using a pallet jack. She complained of pain in the right elbow and right hand. She was diagnosed with a cervical sprain, radiculopathy, and right shoulder impingement syndrome with rotator cuff tendinitis. She underwent a shoulder arthroscopic. Treatment included physical therapy, pain medications and muscle relaxants. Currently, the injured worker complained of pain and tenderness in the right elbow and right hand. The treatment plan that was requested for authorization included prescriptions for Ketoprofen/Cyclobenzaprine/Lidocaine and Flurbiprofen/Capsaicin/Menthol/Camphor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Keto/Cycl/Lido x 2 for date of service 1/17/14-4/23/14: Upheld

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

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

Decision rationale: This is a retrospective request for Ketoprofen/Cyclobenzaprine/Lidocaine cream for chronic pain in the right elbow and hand. The MTUS guidelines State that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of these topical agents. In addition, 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 topical application. It has an extremely high incidence of photodermatitis. Absorption of the drug is dependent 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 in patients at risk, including those with renal failure. Lidocaine is recommended only as an option in those patients who have failed antidepressants and anticonvulsants or intolerant of other treatments. No commercially available creams lotions or gels are indicated for neuropathic pain. There is no evidence for the use of any muscle relaxant, including Cyclobenzaprine, as a topical product. Thus this requested topical preparation is not medically necessary.

Retrospective Flurb/caps/menth/camph for date of service 1/17/14-4/23/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The retrospective request is for a combination topical analgesic with four ingredients. The MTUS states that topical agents are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is no research to support the use of many of these agents. Further, MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended as an option only in patients who have not responded or are intolerant of other treatments. Topical NSAIDs are not recommended for use as there is no evidence to support their use. Camphor, menthol and methyl salicylate are not specifically addressed by MTUS, however there is no evidence of therapeutic benefit of these agents. This request is deemed not medically necessary.