

Case Number:	CM15-0054511		
Date Assigned:	03/27/2015	Date of Injury:	05/18/2010
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/23/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 58 year old female, who sustained an industrial injury on 5/18/10. She reported pain in the neck and back related to a slip and fall accident. The injured worker was diagnosed as having chronic neck pain, thoracic pain and lumbar facet syndrome. Treatment to date has included oral and topical medications. As of the PR2 dated 1/28/15, the treating physician the injured worker's vital signs and refilled her prescriptions. The treating physician requested Fluriprofen 10%/Capsaicin 0.05/ Menthol 5%/Camphor 5% 240mg and Lidocaine 6%/Gabapentin 10%/ Ketoprofen 10%, 240gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Heating/Cooling cream composed of Fluriprofen 10%/Capsaicin 0.05/ Menthol 5%/Camphor 5% 240mg as prescribed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics and Salicylate topical- Page(s): 111-113 and 105.

Decision rationale: Heating/Cooling cream composed of Fluriprofen 10%/Capsaicin 0.05/ Menthol 5%/Camphor 5% 240mg as prescribed is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). Menthol and Camphor are ingredients in Ben Gay, which is a methyl salicylate and supported by the MTUS. The guidelines state that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The documentation is not clear that the patient is intolerant to other treatments or unable to take oral medications. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin would not be indicated for this patient as there is no evidence that the patient has not responded or is intolerant to other treatments. The guidelines do not indicate extenuating circumstances to go against guideline recommendations. For this reason the request for heating/cooling cream composed of Fluriprofen 10%/Capsaicin 0.05/ Menthol 5%/Camphor 5% 240mg as prescribed is not medically necessary.

Inflammation cream composed of Lidocaine 6%/Gabapentin 10%/ Ketoprofen 10%, 240gm as prescribed on 1/28/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Lidocaine indication.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topical and Lidoderm (lidocaine patch) and Topical analgesics Page(s): 105;56-57;111-113.

Decision rationale: Inflammation cream composed of Lidocaine 6%/Gabapentin 10%/ Ketoprofen 10%, 240gm as prescribed on 1/28/15 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines indicate that topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic pain. The guidelines do not recommend topical Gabapentin as there is no evidence in the literature to support the use of this medication. Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. The documentation does not indicate extenuating circumstances to go against guideline recommendations. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS does not support topical Gabapentin, Ketoprofen that is not FDA approved or Lidocaine in cream form for neuropathic pain. The request is therefore not medically necessary.