MAXIMUS Federal Services

Case Number:	CM14-0110026		
Date Assigned:	08/01/2014	Date of Injury:	08/22/2008
Decision Date:	10/03/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/15/2014

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. The expert reviewer is Board Certified in California and is licensed to practice in Family Medicine. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 31-year-old male who reported an industrial injury on 8/22/2008, over six years ago, attributed to the performance of his usual and customary job tasks. The patient is being treated for postoperative right shoulder and right knee pain. The patient is documented to of had a right shoulder arthroscopy on 9/19/2011, due to shoulder impingement and tendonosis. The patient was noted to have had a right knee arthroscopy on 6/6/2011, with a repeat procedure on 12/17/2012. The MRI of the right knee dated 1/8/2014, demonstrated no evidence of meniscal or ligamentous tear with a minimal lateral shift of patella. The patient complains of persistent right shoulder pain radiating to the right upper extremity with decreased range of motion and popping and clicking to the shoulder. The patient also complains of right knee pain. The objective findings on examination included normal sensation right knee with range of motion of 0-110 and 5/5 strength. The patient was prescribed flurbiprofen 20% cream 120 g; ketoprofen 20%/ketamine 10% cream 120 g; and gabapentin 10%/cyclobenzaprine 10%/capsaicin 0.0375% 120 g.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% cream 120gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines anti-inflammatory medications pages 22, 67-68; muscle relaxants page 63; topical analgesics pag. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-cyclobenzaprine; capsaicin; muscle relaxants; topical analgesics; topical analgesics compounded

Decision rationale: The prescription for the topical analgesic gel Flurbiprofen 20% 120 g is not medically necessary for the treatment of the patient for pain relief for the orthopedic diagnoses of the patient. There is clinical documentation submitted to demonstrate the use of the topical gels for appropriate diagnoses or for the recommended limited periods of time. It is not clear that the topical compounded medications are medically necessary in addition to prescribed oral medications. There is no provided subjective/objective evidence that the patient has failed or not responded to other conventional and recommended forms of treatment for relief of the effects of the industrial injury. Only if the subjective/objective findings are consistent with the recommendations of the ODG, then topical use of topical preparations is only recommended for short-term use for specific orthopedic diagnoses. There is no provided rationale supported with objective evidence to support the prescription of the topical compounded cream. There is no documented efficacy of the prescribed topical compounded analgesics with any assessment of functional improvement. The patient is stated to have reduced pain with the topical creams, however, there is no functional assessment, and no quantitative decrease in pain documented. The use of topical NSAIDS is documented to have efficacy for only 2-4 weeks subsequent to injury and thereafter is not demonstrated to be as effective as oral NSAIDs. There is less ability to control serum levels and dosing with the topicals. The patient is not demonstrated to have any GI issue at all with NSAIDS. There is no demonstrated medical necessity for topical NSAIDs for chronic pain for a prolonged period of time. The request for the topical NSAID Flurbiprofen 20% gel 120 g is not medically necessary for the treatment of the patient for the diagnosis of the chronic pain to multiple body sites. The use of the topical gels does not provide the appropriate therapeutic serum levels of medications due to the inaccurate dosing performed by rubbing variable amounts of gels on areas that are not precise. The volume applied and the times per day that the gels are applied are variable and do not provide consistent serum levels consistent with effective treatment. There is no medical necessity for the addition of gels to the oral medications in the same drug classes. There is no demonstrated evidence that the topicals are more effective than generic oral medications. The use of Flurbiprofen 20% gel 120 g not supported by the applicable evidence based guidelines as cited above. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or demonstrated to be appropriate. There is no documented objective evidence that the patient requires both the oral medications and the topical analgesic medication for the treatment of the industrial injury. The prescription for Flurbiprofen 20% gel 120 g is not medically necessary for the treatment.

Ketoprofen 20%/ketamine 10% cream 120gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines anti-inflammatory medications pages

22, 67-68; topical analgesics pages 111-113 Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-topical analgesic; compounded topical analgesics

Decision rationale: The prescription for the topical analgesic Ketoprofen 20% 120 gm / Ketamine 10% gel 120 gm is not medically necessary for the treatment of the patient for pain relief for the orthopedic diagnoses of the patient. There is clinical documentation submitted to demonstrate the use of the topical gels for appropriate diagnoses or for the recommended limited periods of time. It is not clear that the topical compounded medications are medically necessary in addition to prescribed oral medications. There is no provided subjective/objective evidence that the patient has failed or not responded to other conventional and recommended forms of treatment for relief of the effects of the industrial injury. Only if the subjective/objective findings are consistent with the recommendations of the ODG, then topical use of topical preparations is only recommended for short-term use for specific orthopedic diagnoses. There is no provided rationale supported with objective evidence to support the prescription of the topical compounded cream. There is no documented efficacy of the prescribed topical compounded analgesics with any assessment of functional improvement. The patient is stated to have reduced pain with the topical creams, however, there is no functional assessment, and no quantitative decrease in pain documented. The use of topical NSAIDS is documented to have efficacy for only 2-4 weeks subsequent to injury and thereafter is not demonstrated to be as effective as oral NSAIDs. There is less ability to control serum levels and dosing with the topicals. The patient is not demonstrated to have any GI issue at all with NSAIDS. There is no demonstrated medical necessity for topical NSAIDs for chronic pain for a prolonged period of time.The request for the topical NSAID Ketoprofen 20% 120 gm / Ketamine 10% gel 120 gm is not medically necessary for the treatment of the patient for the diagnosis of the chronic pain to multiple body sites. The use of the topical gels does not provide the appropriate therapeutic serum levels of medications due to the inaccurate dosing performed by rubbing variable amounts of gels on areas that are not precise. The volume applied and the times per day that the gels are applied are variable and do not provide consistent serum levels consistent with effective treatment. There is no medical necessity for the addition of gels to the oral medications in the same drug classes. There is no demonstrated evidence that the topicals are more effective than generic oral medications. The use of Ketoprofen 20% 120 gm / Ketamine 10% gel 120 gm not supported by the applicable evidence based guidelines as cited above. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or demonstrated to be appropriate. There is no documented objective evidence that the patient requires both the oral medications and the topical analgesic medication for the treatment of the industrial injury. The prescription for Ketoprofen 20% 120 gm / Ketamine 10% gel 120 gm is not medically necessary for the treatment of the patient's chronic pain complaints. The prescription of Ketoprofen 20% 120 gm / Ketamine 10% gel 120 gm is not recommended by the CA MTUS, ACOEM guidelines, and the Official Disability Guidelines. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or appropriate - noting the specific comment, "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder." The objective findings in the clinical documentation provided do not support the continued prescription of for the treatment of chronic pain.

Gabapentin 10%/Cyclobenzaprine 10% Capsaicin 0.0375% 120gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to

Treatment Page(s): 47,Chronic Pain Treatment Guidelines anti-inflammatory medications pages 22, 67-68, muscle relaxants page 63; topical analgesics pag. Decision based on Non-MTUS citation Official Disability Guidelines (ODG) pain chapter cyclobenzaprine; muscle relaxants; topical analgesics; topical analgesics compounded

Decision rationale: The prescription for the topical analgesic Gabapentin 10% / Cyclobenzaprine 10% / Capsaicin 0.0375% 120 gm is not medically necessary for the treatment of the patient for pain relief for the orthopedic diagnoses of the patient. There is clinical documentation submitted to demonstrate the use of the topical gels for appropriate diagnoses or for the recommended limited periods of time. It is not clear that the topical compounded medications are medically necessary in addition to prescribed oral medications. There is no provided subjective/objective evidence that the patient has failed or not responded to other conventional and recommended forms of treatment for relief of the effects of the industrial injury. Only if the subjective/objective findings are consistent with the recommendations of the ODG, then topical use of topical preparations is only recommended for short-term use for specific orthopedic diagnoses. There is no provided rationale supported with objective evidence to support the prescription of the topical compounded cream. There is no documented efficacy of the prescribed topical compounded analgesics with no assessment of functional improvement. The patient is stated to have reduced pain with the topical creams, however, there is no functional assessment, and no quantitative decrease in pain documented. The use of topical compounded analgesics is documented to have efficacy for only 2-4 weeks subsequent to injury and thereafter is not demonstrated to be as effective as oral NSAIDs. There is less ability to control serum levels and dosing with the topicals. The patient is not demonstrated to have any GI issue at all with NSAIDS or the prescribed analgesics. There is no demonstrated medical necessity for topical NSAIDs for chronic pain for a prolonged period of time. The request for the topical compounded analgesics Gabapentin 10% / Cyclobenzaprine 10% / Capsaicin 0.0375% 120 gm is not medically necessary for the treatment of the patient for the diagnosis of the chronic pain to multiple body sites. The use of the topical gels does not provide the appropriate therapeutic serum levels of medications due to the inaccurate dosing performed by rubbing variable amounts of gels on areas that are not precise. The volume applied and the times per day that the gels are applied are variable and do not provide consistent serum levels consistent with effective treatment. There is no medical necessity for the addition of gels to the oral medications in the same drug classes. There is no demonstrated evidence that the topicals are more effective than generic oral medications. The use of Gabapentin 10% / Cyclobenzaprine 10% / Capsaicin 0.0375% 120 gm not supported by the applicable evidencebasedguidelines as cited above. The continued use of topical NSAIDs for the current conditions is not otherwise warranted or demonstrated to be appropriate. There is no documented objective evidence that the patient requires both the oral medications and the topical analgesic medication for the treatment of the industrial injury. The prescription for Gabapentin 10% / Cyclobenzaprine 10% / Capsaicin 0.0375% 120 gm is not medically necessary for the treatment of the patient's chronic pain complaints. The prescription of Gabapentin 10% / Cyclobenzaprine 10% / Capsaicin 0.0375% 120 gm is not recommended by the CA MTUS, ACOEM guidelines, and the Official Disability Guidelines. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or appropriate - noting the specific comment, "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder." The objective findings in the clinical documentation provided do not support the continued prescription of for the treatment of chronic pain.