

<b>Case Number:</b>	CM14-0118915		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	08/16/2013
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

The injured worker is a 51-year-old female who reported an injury on 08/16/2013. The injury reportedly occurred when she was emptying trash and had the sudden onset of tingling in her left hand with radiation up the arm to the elbow and shoulder. She is diagnosed with left shoulder impingement syndrome, cervical strain, and left elbow and wrist strain. Her past treatments have included activity modification, physical therapy, H wave stimulation, and medications. On 07/14/2014, the injured worker presented with complaints of pain in her neck, left shoulder, and left arm. It was also noted that she reported a 98% improvement in her symptoms with use of her topical medication, which she used daily. It was noted that she had also been able to stop her oral medications and use of the H wave stimulation unit. It was also noted she had been able to return to work full duty. At the time of her visit, she rated her pain at 2/10 in intensity without pain medications and 0/10 in intensity with pain medications. Her physical examination revealed normal motor strength and sensation in the bilateral upper extremities and minimal tenderness to the left parascapular region. Her medications were noted to include topical cream. The treatment plan included continued use of her topical medication and participation in her home exercise program. A request was received for ketoprofen/cyclobenzaprine/capsaicin/menthol/camphor times 2 refills. The topical analgesic was recommended for pain relief. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective usage of Ketoprofen/Cyclobenzaprine/Capsaicin/Menthol/Camphor times 2 refills:** Upheld

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

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

**Decision rationale:** According to the California MTUS Chronic Pain Guidelines, topical analgesics are largely experimental in use with limited evidence demonstrating efficacy and safety and are primarily recommended to treat neuropathic pain when trials of antidepressants and anticonvulsants have failed. In addition, the guidelines state that any topical compounded product that contains at least 1 drug that is not recommended is not recommended. In regard to Ketoprofen, the guidelines state that this agent is not recommended due to its extremely high incidence of photo contact dermatitis. In regards to cyclobenzaprine, the guidelines state that there is no evidence for use of any muscle relaxant as a topical product. In regard to capsaicin, the guidelines state that topical capsaicin is only recommended as an option in patients who have not responded or were intolerant to other treatments. The clinical information submitted for review indicated that the injured worker had neck, shoulder, and arm pain and had had significant response to the requested topical medication. It was noted that she had previously been prescribed amitriptyline, which resulted in only mild pain relief. There was no documentation indicating that she had tried and failed anticonvulsants. Her medication history indicated that she had tried antidepressants, NSAIDs, pain medications, and muscle relaxants without significant benefit, but that her topical medication had resulted in near complete pain relief bringing her pain from a 2/10 to a 0/10. Her previous oral medication regimen had been shown to bring her pain from a 9/10 to a 6/10 only. There was no documentation indicating that she had been intolerant to first line medications. Based on the documentation indicating that she did not have significant relief of her neuropathic pain with antidepressants or other first line medications, topical analgesics, and specifically topical capsaicin, may be warranted. However, the guidelines do not recommend muscle relaxants or Ketoprofen for topical use at this time. Therefore, despite documentation of significant positive benefit with this topical compound, as it contains 2 agents that are not recommended, the compound is also not recommended. In addition, the request as submitted failed to indicate the dose, frequency, and quantity being requested. Consequently, the request is not medically necessary.