

Case Number:	CM14-0146614		
Date Assigned:	09/12/2014	Date of Injury:	06/08/2012
Decision Date:	10/30/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/09/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 54 year old female with reported injury on 06/08/12 as a result of suffering a severe migraine headache and pain in the bottom of the skull and neck radiating into the shoulders, arms, and hands. The injured worker reported associated numbness, tingling, and weakness in the hands and arms attributed to constant use of computer mouse and repetitive typing. The injured worker underwent initial evaluation and was diagnosed with carpal tunnel syndrome treated with modified activity, physical therapy for the neck and shoulder, cervical epidural steroid injections, and medication management. Clinical note dated 07/18/14 indicated the injured worker prescribed Tylenol #3, Keratek analgesic gel, and compounded topical analgesic due to prior GI upset caused by tramadol. The requested topical analgesic medication was to be utilized in an attempt to wean from stronger narcotic medications. Clinical note dated 08/11/14 indicated the injured worker presented complaining of neck pain radiating into bilateral shoulders, right arm, and right anterior shoulder. Previous MRI scan cervical spine revealed central disc bulging at C4-5 and C5-6 causing mild to moderate central stenosis with abutment of anterior cervical cord and loss of lordosis, neural foramina bilaterally patent. Prior EMG was positive for carpal tunnel syndrome. The injured worker referred for additional physical therapy of the cervical spine followed by epidural steroid injection at C4-5 or C5-6 if no improvement noted. The initial request was non-certified on 08/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Cyclobenzaprine/Menthol cream 20%/10%4% 180 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 104, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, CA MTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains Flurbiprofen and Cyclobenzaprine which have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Flurbiprofen/Cyclobenzaprine/Menthol cream 20%/10%/4% 180gm does not meet established and accepted medical guidelines. Therefore, it is not medically necessary.

Keratek analgesic gel 4 oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 104, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. This compound is noted to contain menthol and methyl salicylate. There is no indication in the documentation that the injured worker cannot utilize the readily available over-the-counter version of this medication without benefit. As such, the request for Keratek analgesic gel 4 is not medically necessary.