

Case Number:	CM14-0160108		
Date Assigned:	10/03/2014	Date of Injury:	07/26/2013
Decision Date:	11/06/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/30/2014

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 Management and is licensed to practice in Tennessee. 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 patient is a 49-year-old male who has submitted a claim for cervical spine sprain /strain associated with an industrial injury date of 07/26/2013. Medical records from 03/21/2014 to 08/29/2014 were reviewed and showed that patient complained of neck pain graded 6/10 radiating down bilateral arms. Physical examination revealed tightness and spasm over trapezius, SCM, and strap muscles, decreased cervical range of motion (ROM), positive compression test, intact DTRs. X-ray of the cervical spine (DOS: 03/21/2014) revealed loss of lordosis. MRI of the cervical spine dated 04/25/2014 revealed straightening of the cervical spine, early disc desiccation, C3-4, C4-5, C5-6, and C6-7 disc protrusion, and C3 over C4 grade 1 retrolisthesis. Of note, there was no documentation of gastrointestinal disturbances or intolerance to oral medications. Treatment to date has included physical therapy, ketoprofen 100% #1 containing ketoprofen, cyclobenzaprine, lidocaine in alba-derm (prescribed since 04/28/2014), flurbiprofen #120 containing flurbiprofen, capsaicin, menthol, camphor in alba-derm (prescribed since 04/28/2014), and pain medications. There was no documentation of functional outcome from previous treatments. Utilization review dated 09/04/2014 denied the request for ketoprofen 100% #1 containing ketoprofen, cyclobenzaprine, lidocaine in alba-derm qty: 1 because ketoprofen and lidocaine are not indicated. Utilization review dated 09/04/2014 denied the request for flurbiprofen #120 containing flurbiprofen, capsaicin, menthol, camphor in alba-derm qty: 120 because topical use of flurbiprofen use was not consistent with medical guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 100% #1 containing ketoprofen, cyclobenzaprine, lidocaine in alba-derm
QTY: 1: Upheld

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

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

Decision rationale: According to pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there is little to no research to support the use of local anesthetics in topical compound formulations. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen is not recommended for topical use as there is a high incidence of photo contact dermatitis. Regarding Cyclobenzaprine, guidelines state that there is no evidence to support the use of cyclobenzaprine as a topical compound. Lidocaine is not recommended for topical use as well. In this case, the patient was prescribed ketoprofen 100% #1 containing ketoprofen, cyclobenzaprine, lidocaine in alba-derm since 04/28/2014. However, there was no documentation of functional outcome with previous ketoprofen compounded cream use, gastrointestinal disturbances or intolerance to oral medications that could support use of ketoprofen. Moreover, ketoprofen 100% #1 contains ketoprofen, cyclobenzaprine, and lidocaine that are all not recommended for topical use. Therefore, the request for ketoprofen 100% #1 containing ketoprofen, cyclobenzaprine, lidocaine in alba-derm QTY: 1 is not medically necessary.

Flurbiprofen #120 containing Flurbiprofen, capsaicin, menthol, camphor in alba-derm
QTY: 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylate

Decision rationale: As stated on pages 111-113 of the Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding Flurbiprofen, California Medical Treatment Utilization Schedule (MTUS) supports a limited list of NSAID topical, which does not include Flurbiprofen. Regarding the capsaicin component, the guideline states there is no current indication that an increase over a 0.025% formulation would provide any further efficacy. Official Disability Guidelines (ODG) Pain Chapter issued an FDA safety warning which identifies rare cases of serious burns that have been reported to occur on the skin where over-the-counter (OTC) topical muscle and joint pain relievers were applied. These products contain the active ingredients menthol, methyl salicylate, or capsaicin. In this case, the patient was prescribed flurbiprofen #120 containing flurbiprofen, capsaicin, menthol, camphor in alba-

derm since 04/28/2014. However, there was no documentation of functional outcome with previous flurbiprofen compounded cream use, gastrointestinal disturbances or intolerance to oral medications that could support use of flurbiprofen. Moreover, flurbiprofen #120 contains flurbiprofen that is not recommended for topical use. Therefore, the request for Flurbiprofen #120 containing Flurbiprofen, capsaicin, menthol, camphor in alba-derm QTY: 120 is not medically necessary.