

Case Number:	CM14-0094049		
Date Assigned:	09/22/2014	Date of Injury:	09/26/2013
Decision Date:	10/21/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/20/2014

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 Family Medicine and is licensed to practice in California. 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 case involves a 62 year old female injured worker sustained a work injury on 9/26/13 involving the low back. She was diagnosed with lumbar spine herniated nucleous pulposis, facet arthropathy (L4-L5), and bilateral wrist strain. A progress note on 3/31/14 indicated the injured worker had 8/10 back pain. Exam findings were notable for reduced range of motion of the lumbar spine. Straight leg raise testing was positive. Sensation was reduced in the L4 dermatomes. The treating physician requested the use of topical Flurbiprofen, Ketoprofen 20%/Ketamine 10% gel 120gm, Gabapentin 10%/ Cyclobenzaprine 10%, and Capsaicin .0375%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Fluribiprofen 20% gel 120gm (03/31/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Compounded. Decision based on Non-MTUS Citation Official disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety.

Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is a topical non-steroidal anti-inflammatory drug (NSAID). Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. In this case, the injured worker had been prescribed Flurbiprofen for months for back pain. Long-term use is not indicated. There is limited evidence for its use for the injured worker's diagnoses. Therefore, this request is not medically necessary.

Retrospective request for Ketoprofen 20%/Ketamine 10% gel 120gm and Gabapentin 10%/Cycloben 10% (03/31/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Compounded. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Since the above compound contains Gabapentin, this request is not medically necessary.

Retrospective request for Capsaicin 0.0375% gel 120gm (Transdermal Compounds) (03/31/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics compounded. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, Capsaicin is recommended in doses less than .025%. An increase over this amount has not been shown to be beneficial. In this case, the Capsaicin prescribed is higher than the amount of Capsaicin that is medically necessary. Therefore, this request is not medically necessary.