

Case Number:	CM14-0102241		
Date Assigned:	07/30/2014	Date of Injury:	12/30/2001
Decision Date:	04/23/2015	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/02/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York, Tennessee

Certification(s)/Specialty: Emergency Medicine

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 66 year old female, who sustained an industrial injury on 12/30/01. She has reported upper extremity injury after reaching up on a shelf to get something she felt pain in the elbow. The diagnoses have included lateral epicondylitis right elbow, status post lateral epicondylar release of left elbow, and clinical carpal tunnel and cubital tunnel syndrome. Treatment to date has included medications, physical therapy chiropractic and surgery. Currently, as per the physician progress note dated 1/16/14, the injured worker complains of bilateral elbow pain and the symptomology in the bilateral wrists has not changed. The current pain medication included Tramadol. The physical exam revealed bilateral elbow tenderness at the lateral epicondyle and pain with terminal motion. The exam of the bilateral wrists was unchanged and revealed positive Tinel's and Phalen's sign, positive right trigger thumb and pain with terminal flexion. The Treatment Plan included pharmacological agents for symptomatic relief. The requested treatments were Cyclobenzaprine 2%, Capsaicin .0125%, and Lidocaine 1%. Ketoprofen 10% and Ketoprofen 15%, Lidocaine 10%, Capsaicin 0.012 % and Tramadol 5% cream. The work status was permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2%, Capsaicin .0125%, Lidocaine 1%. Ketoprofen 10%: 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 Pain Interventions and Guidelines Page(s): 111-112.

Decision rationale: This medication is a compounded topical analgesic containing cyclobenzaprine, capsaicin, lidocaine, and ketoprofen. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". Cyclobenzaprine is a muscle relaxant. There is no evidence for use of this muscle relaxant as a topical product. Capsaicin is recommended only as an option in patients who have not responded or cannot tolerate other treatments. It is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain and is considered experimental in high doses. There is no documentation that the patient is suffering from osteoarthritis or fibromyalgia. Capsaicin is not recommended. Lidocaine is recommended for localized peripheral pain after the evidence of a trial for first-line therapy, such as an antidepressant or antiepileptic drug. It is only FDA approved for the treatment of post-herpetic neuralgia. The guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain. Documentation in the medical record does not support the presence of localized peripheral pain. Lidocaine is not recommended. Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Absorption of the drug depends on the base it is delivered in. Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended. The request is not medically necessary.

Ketoprofen 15%, Lidocaine 10%, Capsaicin 0.012 % and Tramadol 5% cream: 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 Pain Interventions and Guidelines Page(s): 111-112.

Decision rationale: This medication is a compounded topical analgesic containing ketoprofen, lidocaine, capsaicin, and tramadol. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Absorption of the drug depends on the base it is delivered in. Topical treatment can result in

blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. Lidocaine is recommended for localized peripheral pain after the evidence of a trial for first-line therapy, such as an antidepressant or antiepileptic drug. It is only FDA approved for the treatment of post-herpetic neuralgia. Documentation in the medical record does not support the presence of localized peripheral pain. Lidocaine is not recommended. Capsaicin is recommended only as an option in patients who have not responded or cannot tolerate other treatments. It is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain and is considered experimental in high doses. The guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain. There is no documentation that the patient is suffering from osteoarthritis or fibromyalgia. Capsaicin is not recommended. Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects, which include increasing the risk of seizure in patients taking SSRI's, TCA's and other opioids. It is not recommended as a topical medication and is not recommended. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended. The request is not medically necessary.