

Case Number:	CM14-0134602		
Date Assigned:	11/19/2014	Date of Injury:	06/11/2012
Decision Date:	01/07/2015	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/21/2014

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 Famil 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 is a 53 year old female patient who sustained a work related injury on 6/11/12. The patient sustained the injury due to cumulative trauma and trip and fall incident. The current diagnoses include cervicogenic syndrome with protrusions at C4-C5, radiculitis, L3-L4 and L4-L5 protrusion/extrusion, stenosis, and spondylolisthesis, bilateral Type II acromion with subacromial tendinitis and impingement syndrome. Per the doctor's note dated 7/21/14, the patient has complaints of constant neck pain, at 8/10, with radiation to the bilateral upper extremities with associated numbness and tingling sensation; constant low back pain, at 9/10, with radiation to the bilateral lower extremities with associated numbness and tingling sensation; and constant bilateral shoulder pain, at 8/10, with associated numbness and tingling sensation. The physical examination revealed mild improvement in the range of motion with physical therapy. The current medication lists include compound topical medication, Anaprox, and Zanaflex. The patient has had EMG/NCV of the bilateral upper extremities that revealed carpal tunnel syndrome; MRI of the cervical spine that revealed protrusions at C4-C5; MRI of the lumbar spine that revealed L3-L4 and L4-L5 protrusion/extrusion; and MRI of the shoulder that revealed bilateral Type II acromion with subacromial tendinitis and impingement syndrome. She was given a subacromial injection of cortisone in both shoulders for this injury. The patient has received an unspecified number of the PT visits for this injury. The patient has used a TENS unit for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound topical medication, Flurbiprofen 20% cream 120gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended..." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Any trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Any intolerance or contraindication to oral medications was not specified in the records provided. Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). Per the cited guidelines, "Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration" The medical necessity of the request for Compound topical medication, Flurbiprofen 20% cream 120gm is not fully established in this patient. Therefore, this request is not medically necessary.

Compound topical medication Ketoprofen 20%, Ketamine 10% cream 120gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended..." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Any trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Any intolerance or contraindication to oral medications was not specified in the records provided. Ketoprofen is a non-steroidal anti-inflammatory drug (NSAID). Per the cited guidelines, "Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis..." Per the cited guidelines, "Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and

most studies are small and of short duration." The medical necessity of the request for Compound topical medication Ketoprofen 20%, Ketamine 10% cream 120gm is not fully established in this patient. Therefore, this request is not medically necessary.

Compound topical medication Gabapentin 10%, Cyclobenzaprine 10%, Capsaicin 0.0375% cream 120gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Non Food and Drug Administration (FDA)-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments" MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Any trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Any intolerance or contraindication to oral medications was not specified in the records provided. Any evidence of diminished effectiveness of medications was not specified in the records provided. As per cited guideline "Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Non FDA-approved agents" Cyclobenzaprine is a muscle relaxant. Per the cited guidelines, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The topical Cyclobenzaprine, Capsaicin and gabapentin are not recommended by MTUS. The medical necessity of the medication Compound topical medication Gabapentin 10%, Cyclobenzaprine 10%, Capsaicin 0.0375% cream 120gm is not fully established in this patient. Therefore, this request is not medically necessary.