

Case Number:	CM14-0160685		
Date Assigned:	10/03/2014	Date of Injury:	07/15/2014
Decision Date:	03/30/2015	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/29/2014

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 48 year old female, who sustained repetitive industrial injuries reported on 7/15/2014. She has reported occasional headaches, dizziness, blurred vision, fatigue, and difficulties hearing with both ears. The injured workers history notes that she gradually developed radiating neck pain, with mid-back, low-back, bilateral wrist and hand pain, as well as hearing loss, from performing her usual and customary work duties; a non-industrial motor vehicle accident causing whiplash, in 2004; multiple non-industrial related surgeries; and anxiety. The diagnoses were noted to have included cervical spine sprain and strain, rule out herniated nucleus pulposus; bilateral upper and lower extremity radicular pain and paresthesia; bilateral wrist sprain and strain, rule out carpal tunnel syndrome; bilateral de Quervain's tenosynovitis; hypertension; and bilateral hearing loss. Treatments to date have included consultations; diagnostic laboratory, urine and imaging studies; internal medicine treatment; physical therapy sessions; injection therapy; braces; hot packs, massage, electrical stimulation treatments; and medication management that. The work status classification for this injured worker (IW) was noted to be unable to be back at work on modified duties. On 9/11/2014, Utilization Review (UR) non-certified, for medical necessity, the request, made on 9/4/2014, for Flurbiprofen 20% 120gm cream; Ketoprofen 20% 120mg/ketamine 10% cream 120gm; and gabapentin 10%/cyclobenzaprine 10%/capsaicin 0.0375% cream 120gm. The Official Disability Guidelines, pain, opioids, therapeutic trials of opioids, topical analgesics, muscle relaxants, compound drugs, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% 120gm cream: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (updated 07/10/2014); Topical Analgesics ODG Pain (updated 07/10/2014); Compounded drugs; Criteria for compounded drugs

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

Decision rationale: Flurbiprofen 20% 120gm cream is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. Topical NSAIDs are recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The request is not clear as to which body part this is being used for. The MTUS does not support this product for the spine. There is no documentation of oral medication intolerance. The request for Flurbiprofen 20% 120gm cream is not medically necessary.

Ketoprofen 20% 120mg/Ketamine 10% cream 120gm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (updated 07/10/2014); Topical Analgesics ODG Pain (updated 07/10/2014); Compounded drugs; Criteria for compounded drugs

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

Decision rationale: Ketoprofen 20% 120mg/Ketamine 10% cream 120gm is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that topical Ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Topical ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. The MTUS states that 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. The MTUS does not support either topical Ketoprofen or topical Ketamine therefore this request is not medically necessary.

Gabapentin 10%/Cyclobenzaprine 10%/ Capsaicin 0.0375% cream 120gm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (updated 07/10/2014); Topical Analgesics ODG Pain (updated 07/10/2014); Compounded drugs; Criteria for compounded drugs

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

Decision rationale: Gabapentin 10%/Cyclobenzaprine 10%/ Capsaicin 0.0375% cream 120gm is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical muscle relaxants such as Cyclobenzaprine are not recommended as there is no peer-reviewed literature to support use. The guidelines do not recommend topical Gabapentin as there is no evidence in the literature to support the use of this medication. Recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines do not support Capsaicin in 0.0375% formulation; topical Cyclobenzaprine or topical Gabapentin therefore this request is not medically necessary.