

Case Number:	CM14-0212914		
Date Assigned:	12/30/2014	Date of Injury:	08/30/2002
Decision Date:	02/19/2015	UR Denial Date:	11/29/2014
Priority:	Standard	Application Received:	12/19/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 58 year-old patient sustained an injury on 8/3/2002 to the low back. Request(s) under consideration include Topical Compounded cream (Gabapentin 10%, Cyclobenzaprine 4%, Ketoprofen 10%, Capsaicin 0.0375%, Menthol 5%, Camphor 2%). Diagnoses include s/p L4-S1 laminectomy/ microdiscectomy on 1/12/11 and s/p L4-S1 lumbar fusion on 8/24/11. Conservative care has included medications, therapy modalities, and modified activities/rest. The patient continues to treat for chronic ongoing symptom complaints. Report from the provider noted continued low back, bilateral knees, and feet pain with weakness in the left lower extremity. Medications list topical compound cream and APAP/Codeine 300/30mg. Exam showed unchanged findings of mildly antalgic gait pattern, no midline tenderness at thoracic or lumbosacral spine; diffuse left leg weakness especially at left ankle DF; decreased sensation at L5 and S1 with trouble performing heel and toe walking. Treatment plan was for continued medication. The request(s) for Topical Compounded cream (Gabapentin 10%, Cyclobenzaprine 4%, Ketoprofen 10%, Capsaicin 0.0375%, Menthol 5%, Camphor 2%) was non-certified on 11/29/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded cream (Gabapentin 10%, Cyclobenzaprine 4%, Ketoprofen 10%, Capsaicin 0.0375%, Menthol 5%, Camphor 2%): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: This 58 year-old patient sustained an injury on 8/3/2002 to the low back. Request(s) under consideration include Topical Compounded cream (Gabapentin 10%, Cyclobenzaprine 4%, Ketoprofen 10%, Capsaicin 0.0375%, Menthol 5%, Camphor 2%). Diagnoses include s/p L4-S1 laminectomy/ microdiscectomy on 1/12/11 and s/p L4-S1 lumbar fusion on 8/24/11. Conservative care has included medications, therapy modalities, and modified activities/rest. The patient continues to treat for chronic ongoing symptom complaints. Report from the provider noted continued low back, bilateral knees, and feet pain with weakness in the left lower extremity. Medications list topical compound cream and APAP/Codeine 300/30mg. Exam showed unchanged findings of mildly antalgic gait pattern, no midline tenderness at thoracic or lumbosacral spine; diffuse left leg weakness especially at left ankle DF; decreased sensation at L5 and S1 with trouble performing heel and toe walking. Treatment plan was for continued medication. The request(s) for Topical Compounded cream (Gabapentin 10%, Cyclobenzaprine 4%, Ketoprofen 10%, Capsaicin 0.0375%, Menthol 5%, Camphor 2%) was non-certified on 11/29/14. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID, muscle relaxant, anti-epileptic over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Per Guidelines, Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations of Capsaicin are 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. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this muscle relaxant and anti-seizure medications for this chronic 2002 injury without improved functional outcomes attributable to their use. The Topical Compounded cream (Gabapentin 10%, Cyclobenzaprine 4%, Ketoprofen 10%, Capsaicin 0.0375%, Menthol 5%, Camphor 2%) is not medically necessary and appropriate.