

Case Number:	CM14-0039486		
Date Assigned:	06/27/2014	Date of Injury:	11/21/2012
Decision Date:	03/16/2015	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/03/2014

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 & Rehabilitation

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 29 year old female, who sustained an industrial injury on 11/21/2012. She has reported pain in the left scapula, right hip and the right scapular region. The diagnoses have included sciatica, right lower extremity L4, pain in the low back, and pain in the right hip/pelvic joint. Treatment to date has included oral and topical pain medications with physical therapy. Currently, according to the latest evaluation notes dated 01/09/2014, the IW complains of occasional low back pain precipitating with prolonged standing, walking, lifting, and pulling. She has occasional mid-back pain radiating into the right scapular area and occasional right shoulder pain with overhead work. On examination of the cervical spine and upper extremities, the IW moved without apparent difficulty, examinations of the cervical, thoracic and lumbar spine were normal, she had normal muscle strength in the upper extremities. Tests for carpal tunnel and shoulder impingement were normal, she had no limp, and there was no paraspinal muscle tenderness. Subjectively the IW had occasional pain in the scapular, lumbar, and thoracic spine area. No objective factors were found, the IW was released without work restriction and with no need for any formal future medications. Use of over the counter non-steroidal anti-inflammatory analgesics was recommended and no disability could be rated. There are no later notes available, the original request for authorization and related exam notes are not in the medical record. On 03/26/2014 Utilization Review non-certified a prescription for Flurbiprofen 10%, Cyclobenzaprine 2%, Capsaicin 0.125%, Tramadol 1% Cream, #120 and Ketoprofen 15%, Lidocaine 1%, Capsaicin 0.12%, Tramadol 5% Cream, #120, citing the California Medical Treatment Utilization Schedule (CA MTUS) Topical for both prescriptions. On 04/03/2014, the

injured worker submitted an application for IMR for review of the prescriptions for Flurbiprofen 10%, Cyclobenzaprine 2%, Capsaicin 0.125%, Tramadol 1% Cream, #120 and Ketoprofen 15%, Lidocaine 1%, Capsaicin 0.12%, Tramadol 5% Cream, #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 10%, Cyclobenzaprine 2%, Capsaicin 0.125%, Tramadol 1% Cream, #120:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111,112,113. Decision based on Non-MTUS Citation Official Disability Guidelines - Compound Drugs

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

Decision rationale: The patient is a 30 year old female with an injury date of 11/21/12. Per the 10/23/13 report she presents with lower back pain radiating to the buttocks and there is pain in the neck, mid back, right hip and the bilateral arms. The patient's listed diagnoses are: Lower back pain; Lumbar disc displacement; and Lumbar radiculopathy. The current request is for FLURBIPROFEN 10%, CYCLOBENZAPRINE 2%, CAPSAICIN 0.125% TRAMADOL 1% CREAM #120. The RFA is not included. As of 10/23/13 the patient is disabled. MTUS Topical Analgesics guidelines pages 111 and 112 has the following regarding topical creams, "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." Recent reports provided do not discuss this medication. The requested topical cream contains Tramadol which is an opioid. For ongoing opioid usage the MTUS guidelines require documentation of the 4 As (Analgesia, ADL's, adverse side effects and aberrant behavior). The required documentation for opioid usage is not found in the records provided. Furthermore, Cyclobenzaprine is not approved for topical formulation. Therefore, the request IS NOT medically necessary.

Ketoprofen 15%, Lidocaine 1%, Capsaicin 0.12%, Tramadol 5% Cream, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111,112,113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Compound Drugs

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

Decision rationale: The patient is a 30 year old female with an injury date of 11/21/12. Per the 10/23/13 report she presents with lower back pain radiating to the buttocks and there is pain in the neck, mid back, right hip and the bilateral arms. The patient's listed diagnoses are: Lower back pain; Lumbar disc displacement; and Lumbar radiculopathy. The current request is for

KETOPROFEN 15%, LIDOCAINE 1%, CAPSAICIN 0.12%, TRAMADOL 5% CREAM, #120. The RFA is not included. As of 10/23/13 the patient is disabled. MTUS Topical Analgesics guidelines pages 111 and 112 has the following regarding topical creams, "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 further states, "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis." Recent reports provided do not discuss this medication. The requested topical cream contains Tramadol which is an opioid. For ongoing opioid usage the MTUS guidelines require documentation of the 4 As (Analgesia, ADL's, adverse side effects and aberrant behavior). The required documentation for opioid usage is not found in the records provided. Furthermore, Ketoprofen is not FDA approved for topical application. Therefore, the request IS NOT medically necessary.