

Case Number:	CM15-0005752		
Date Assigned:	01/21/2015	Date of Injury:	09/25/2012
Decision Date:	03/13/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/12/2015

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, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 59 year old female with an industrial injury dated 09/25/2012. She presents on 12/03/2014 with complaints of constant neck pain radiating bilaterally to the shoulders and elbow. The neck pain is associated with bilateral occipital headaches. She also complains of lower back pain radiating down bilateral lower extremities. There was tenderness in the cervical and lumbar area with limited range of motion. Prior treatment includes MRI of cervical spine 01/04/2013, MRI of lumbar spine 12/05/2012, medications and epidural steroid injections. Diagnoses were cervical disc degeneration, cervical facet arthropathy, cervical radiculopathy, lumbar radiculopathy and chronic pain syndrome. On 12/22/2014 Utilization review non-certified the request for Ketoprofen 20%, Cyclobenzaprine 2%-Lidocaine 5 % cream apply 1-2 gm to affected area noting, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Gabapentin 10%-Cyclobenzaprine 4%-Ketoprofen 10%-Capsaicin 0.0375 %-Menthol 5 -Camphor 2% cream apply 1-2 gm was also non - certified noting topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Guidelines cited were MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10 %/Cyclobenzaprine 4 %/Ketoprofen 10%/Capsaicin 0.0375%/Menthol 5%/Camphor cream 2%, apply 1-2grams to the affected area: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Capsaicin Page(s): 111-113, 28. Decision based on Non-MTUS Citation Pain, Compound creams

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, 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. CAPSAICIN (RECOMMENDED AFTER FAILURE OF 1ST LINE). Chronic Pain Medical Treatment Guidelines Capsaicin page(s) 28. MTUS recommends topical capsaicin only as an option in patients who have not responded or are intolerant to other treatments. There is no indication that the patient has failed oral medication or is intolerant to other treatments. Additionally, ODG states Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns. CYCLOBENZAPRINE or MUSCLE RELAXANTS (NOT RECOMMENDED). MTUS states regarding topical muscle relaxants, other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. Topical cyclobenzaprine is not indicated for this usage, per MTUS. GABAPENTIN/PREGABALIN (NOT RECOMMENDED). MTUS states that topical Gabapentin is not recommended. And further clarifies, antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product. KETOPROFEN (NOT RECOMMENDED). Per ODG and MTUS, Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis and photosensitization reactions. MENTHOL, ODG only comments on menthol in the context of cryotherapy for acute pain, but does state Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns. Since this compound contains numerous not recommended compounded medications, the request for Gabapentin 10%/Cyclobenzaprine 4%/Ketoprofen 10%/Capsaicin 0.0375%/Menthol 5%/Camphor cream 2% is not medically necessary.

Ketoprofen 20%/Cyclobenzaprine 2%/Lidocaine 5% cream, apply 1-2grams to affected area: Upheld

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

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

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, 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. CYCLOBENZAPRINE or MUSCLE RELAXANTS (NOT RECOMMENDED), MTUS states regarding topical muscle relaxants, Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. Topical cyclobenzaprine is not indicated for this usage, per MTUS. KETOPROFEN (NOT RECOMMENDED), Per ODG and MTUS, Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis and photosensitization reactions. LIDOCAINE (RECOMMENDED AFTER FAILURE OF 1ST LINE), ODG also states that topical lidocaine is appropriate in usage as patch under certain criteria, but that no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. MTUS states regarding lidocaine, 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). MTUS indicates lidocaine Non-neuropathic pain: Not recommended. The medical records do not indicate failure of first-line therapy for neuropathic pain and lidocaine is also not indicated for non-neuropathic pain. ODG states regarding lidocaine topical patch, This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Medical documents do not document the patient as having post-herpetic neuralgia. This medication contains multiple not recommended compounded medications in its formulation, as such the request for Ketoprofen 20%/Cyclobenzaprine 2%/Lidocaine 5% cream, apply 1-2 grams to affected area is not medically recommended. This medication contains multiple not recommended compounded medications in its formulation, as such the request for Ketoprofen 20%/Cyclobenzaprine 2%/Lidocaine 5% cream, apply 1-2 grams to affected area is not medically recommended.