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/services. 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: New York, Tennessee
Certification(s)/Specialty: Emergency 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 50 year old female, who sustained an industrial injury on 06/01/2011. She has reported pain in the low back and bilateral wrists. The diagnoses have included lumbar spine strain; bilateral wrist strain; and lumbar spine herniated nucleus pulposus. Treatment to date has included medications, acupuncture, and physical therapy. Medications have included topical compound creams. A progress note from the treating physician, dated 01/06/2015, documented a follow-up visit with the injured worker. The injured worker has reported pain in the low back, right shoulder and bilateral wrists; fatigue; and insomnia. Objective findings included lumbar spine tenderness to palpation; spasm; and decreased ranged of motion. The treatment plan has included prescriptions for two topical compound creams; request for acupuncture and chiropractic therapies; and follow-up evaluation in four weeks. On 01/07/2015 Utilization Review noncertified a prescription for Compounded Cream (Flurbiprofen/Capsaicin/Camphor) 10%/ 0.025%/ 2%/ 1% 120gm; and a prescription for Compounded Cream (Ketoprofen/ Cyclobenzaprine/ Lidocaine) 10%/ 3%/ 5% 120gm. The ODG was cited. On 01/15/2015, the injured worker submitted an application for IMR for review of Compounded Cream (Flurbiprofen/Capsaicin/Camphor) 10%/ 0.025%/ 2%/ 1% 120gm; and Compounded Cream (Ketoprofen/ Cyclobenzaprine/ Lidocaine) 10%/ 3%/ 5% 120gm.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:
Compounded cream (Flurbiprofen/Capsaicin/ Camphor) 10%/ 0.025%/ 2%/1% 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Integrated Treatment/Disability Duration Guidelines, Pain(Chronic), Online Version

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation UpToDate: Camphor and menthol: Drug information Treatment Guidelines from the Medical Letter, April 1, 2013, Issue 128: Drugs for pain

Decision rationale: This medication is a topical analgesic containing flurbiprofenm capsaicin, and camphor. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). Flurbiprofen is recommended as an oral agent for the treatment of osteoarthritis and the treatment of mild to moderate pain. It is not recommended as a topical preparation. Capsaicin is recommended only as an option in patients who have not responded or cannot tolerate other treatments. It is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain and is considered experimental in high doses. There is no documentation that the patient did not respond or cannot tolerate other treatments. Capsaicin is not recommended. Camphor is a topical skin product that available over the counter and used for the relief of dry itchy skin. Topical analgesics containing menthol, methylsalicylate or capsaicin are generally well-tolerated, but there have been rare reports of severe skin burns requiring treatment or hospitalization. Camphor is not recommended. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended. The request should not be authorized.

Compounded Cream (Ketoprofen/ Cyclobenzaprine/ Lidocaine) 10%/ 3%/ 5% 120gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Integrated Treatment/Disability Duration Guidelines, Pain(Chronic), Online Version

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

Decision rationale: This medication is a topical analgesic containing ketoprofen, cyclobenzaprine, and lidocaine. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore,
the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Absorption of the drug depends on the base it is delivered in. Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. Cyclobenzaprine is a muscle relaxant. There is no evidence for use of a muscle relaxant as a topical product. Lidocaine is recommended for localized peripheral pain after the evidence of a trial for first-line therapy, such as an antidepressant or antiepileptic drug. It is only FDA approved for the treatment of post-herpetic neuralgia. The guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain. In this case the patient does not have localized pain. Lidocaine is not recommended. There is no evidence for use of any other muscle relaxant as a topical product. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended. The request should not be authorized.