MAXIMUS Federal Services

Case Number:	CM15-0019467		
Date Assigned:	02/09/2015	Date of Injury:	04/14/2002
Decision Date:	07/28/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/02/2015

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: New York
Certification(s)/Specialty: Internal 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 47-year-old male, who sustained an industrial injury on 4/14/2012. Diagnoses include radiculopathy, rule out intervertebral disc injury lumbar spine and degenerative lumbosacral disc disease. Treatment to date has included medications, heat application, home exercises and diagnostics. Per the most recent submitted handwritten Primary Treating Physician's Progress Report, dated 4/08/2013 subjective complaints are documented as herniated nucleus pulposus (HNP) of the lumbar spine with radiculopathy. Physical examination revealed positive straight leg raise and pain with motion. The plan of care included medications and authorization was requested for Ketoprofen powder, Acetyl-D-Glucosamine, Lipoderm base, Tramadol HCL powder, Cyclobenzaprine powder, Camphor crystals 1.8 gm, Menthol crystals, Capsaicin powder 0.045 gms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen Powder 30gm: Upheld

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

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

Decision rationale: MTUS states that topical NSAIDs are not recommended for neuropathic pain, but may be useful for short-term treatment (4-12 weeks) of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) . There are no long-term studies of their effectiveness or safety. Topical NSAIDS have not been evaluated for treatment of the spine, hip or shoulder. The injured worker complains of radicular low back pain. Per MTUS, Ketoprofen is not recommended and is not currently FDA approved for a topical application. The request for Ketoprofen Powder 30gm is therefore not medically necessary.

Acetyl-D-Glucosamine 7.5gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Glucosamine.

Decision rationale: MTUS states that topical NSAIDs are not recommended for neuropathic pain, but may be useful for short-term treatment (4-12 weeks) of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) . There are no long-term studies of their effectiveness or safety. Topical NSAIDS have not been evaluated for treatment of the spine, hip or shoulder. The injured worker complains of radicular low back pain. ODG does not recommend Glucosamine for the treatment of low back pain. Acetyl-D-Glucosamine is an amino monosaccharide chemically related to glucosamine, chondroitin and hyaluronic acid. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended the request for Acetyl-D-Glucosamine 7.5gm is not medically necessary by MTUS.

Lipoderm Base DOS 2/28/2012: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Lipoderm is a compounded medication consisting of Ketamine HCL, Gabapentin, Clonidine HCL and Baclofen. MTUS does not recommend muscle relaxants or Gabapentin, as a topical agent. The use of Ketamine as a topical agent is under study. Per guidelines, any compounded product that contains at least one drug (or

drug class) that is not recommended is not recommended .The request for Lipoderm Base DOS 2/28/2012 is not medically necessary by MTUS.

Tramadol HCL Powder 15gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Furthermore, Tramadol is not FDA approved for topical application. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended .The request for Tramadol HCL Powder 15gm is not medically necessary by MTUS.

Cyclobenzaprine Powder 15gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS states that the use of muscle relaxants as a topical agent is not recommended. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Cyclobenzaprine Powder 15gm is not medically necessary.

Capsaicin Powder 0.045gms: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. 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). MTUS makes no recommendations for Capsaicin powder. The injured worker complains of chronic

radicular low back pain with no significant improvement in function on current medication regimen. The medical necessity of continued use of topical Capsaicin has not been established. The request for Capsaicin Powder 0.045gms is not medically necessary by MTUS.

Menthol Crystals: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. MTUS provides no evidence recommending the use of topical Menthol. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended .The request for Menthol Crystals is not medically necessary by MTUS.

Camphor Crystals 1.8gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. MTUS provides no evidence recommending the use of topical Camphor. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended .The request for Camphor Crystals 1.8gm is not medically necessary by MTUS.

Ketoprofen Powder 45gm: 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.

Decision rationale: MTUS states that topical NSAIDs are not recommended for neuropathic pain, but may be useful for short-term treatment (4-12 weeks) of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) . There are no long-term studies of their effectiveness or safety. Topical NSAIDS have not been evaluated for

treatment of the spine, hip or shoulder. Per MTUS, Ketoprofen is not recommended and is not currently FDA approved for a topical application. The request for Ketoprofen Powder 45gm is therefore not medically necessary.

Lipoderm Base DOS 12/12/12: Upheld

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

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

Decision rationale: MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Lipoderm is a compounded medication consisting of Ketamine HCL, Gabapentin, Clonidine HCL and Baclofen. MTUS does not recommend muscle relaxants or Gabapentin, as a topical agent. The use of Ketamine as a topical agent is under study. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended .The request for Lipoderm Base DOS 12/12/12 is not medically necessary by MTUS.