

Case Number:	CM15-0114911		
Date Assigned:	06/23/2015	Date of Injury:	07/22/2008
Decision Date:	07/24/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/15/2015

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: Pennsylvania
 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 60 year old male who sustained an industrial injury on July 22, 2008. The mechanism of injury was not provided in the medical records. The injured worker has been treated for neck, low back and upper extremity complaints. The diagnoses have included cubital tunnel ulnar nerve entrapment of the bilateral elbows, bilateral carpal tunnel syndrome/tendinitis, lumbar herniated disc with bilateral radiculopathy, cervical radiculitis syndrome, sleep disorder and symptoms of anxiety and depression. Documented treatment and evaluation to date has included medications and an MRI. Most current documentation dated December 31, 2014 notes that the injured worker reported low back pain with radiation to the bilateral lower extremities. The symptoms were aggravated with prolonged sitting, standing and walking. Examination of the lumbar spine revealed tightness and spasm of the paraspinal musculature bilaterally. Range of motion was noted to be decreased. A straight leg raise test was positive bilaterally. Current medications included Ultram ER, Anaprox, Prilosec, Flexmid and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 10%, Capsaicin 0.025%, Menthol 2%, Camphor 1% in alba-derm base cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines capsaicin p. 28, Topical Analgesics p. 111-113 Page(s): 28,111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Topical Analgesics.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines on Topical Analgesics states that topical analgesics are largely experimental in use and are recommended for localized neuropathic pain after there is evidence of a trial of first line therapy, such as tri-cyclic anti-depressants and anti-epileptic medications. There is lack of clinical evidence in this case of neuropathic symptoms and that the injured worker failed a trial of anti-depressant medications and anticonvulsant therapy. MTUS also states that any compounded product with at least one drug which is not recommended is not recommended. Capsaicin is only recommended for those who have not responded or are intolerant to other treatments. In this case, there was no documentation of lack of response or intolerance to other treatments. MTUS guidelines recommend topical non-steroidal anti-inflammatory drugs for osteoarthritis and tendonitis of the knee, elbow and other joints amendable to topical non-steroidal anti-inflammatory drugs. Regarding Flurbiprofen there is lack of documentation of osteoarthritis and tendinitis, in particular of the knee, elbow or other joints that are amendable to topical treatment. Topical non-steroidals are recommended for short-term use of 4 to 12 weeks. There is little evidence to support use for the treatment of osteoarthritis of the shoulder, hip or spine. The only FDA approved topical nonsteroidal is diclofenac. The MTUS does not discuss Menthol therefore; the Official Disability Guidelines were also referenced. The Official Disability Guidelines state that custom compounding and dispensing of combinations of medicines that have never been studied is not recommended, as there is no evidence to support their use and there is potential for harm. Therefore, the request for Flurbiprofen 10%, Capsaicin 0.025%, Menthol 2%, Camphor 1% in an alba-derm base cream is not medically necessary.

Ketoprofen 10%, Cyclobenzaprine 3%, Lidocaine 5% in alba-derm base: 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): 111,112,113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Topical Analgesics.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that topical analgesics are largely experimental in use and are recommended for localized neuropathic pain after there is evidence of a trial of first line therapy, such as tri-cyclic anti-depressants and anti-epileptic medications. There is lack of clinical evidence in this case of neuropathic symptoms and that the injured worker failed a trial of anti-depressant medications and anticonvulsant therapy. MTUS also states that any compounded product with at least one drug which is not recommended is not recommended. Ketoprofen is currently not FDA approved for topical

application. Cyclobenzaprine is a muscle relaxant. The MTUS notes that there is no evidence for use of muscle relaxants as topical products. MTUS also states that any topical form of Lidocaine is not recommended if it is not in the form of a Lidoderm Patch. In addition, the Official Disability Guidelines state that custom compounding and dispensing of combinations of medicines that have never been studied is not recommended, as there is no evidence to support their use and there is potential for harm. Therefore, the request for Ketoprofen 10%, Cyclobenzaprine 3%, Lidocaine 5% in an alba-derm base is not medically necessary.