

Case Number:	CM15-0114946		
Date Assigned:	06/23/2015	Date of Injury:	06/24/2011
Decision Date:	07/24/2015	UR Denial Date:	06/04/2015
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 50 year old female who sustained an industrial injury on 06/24/2011. Current diagnoses include herniated cervical disc, right elbow sprain/strain rule out lateral epicondylitis, right wrist sprain/strain rule out internal derangement, right shoulder sprain/strain rule out tendinitis/impingement, right hand sprain/strain rule out tendinitis/carpal tunnel syndrome, multiple thoracic disc protrusions, and rule out hypertension. Previous treatments included medications. Report dated 05/19/2014 noted that the injured worker presented with complaints that included neck, upper back, and arm pain. Pain level was 7 (without medications) and 3 (with medications) out of 10 on a visual analog scale (VAS). It was noted that the medications allow her to perform activities of daily living. The injured worker is allergic to Norco which causes itching and rash. Physical examination was positive for decreased cervical spine range of motion, positive Spurling and foraminal compression test, tightness and spasms, hypoesthesia in the upper extremities bilaterally, decreased muscle strength in the wrist/hands and elbows and shoulders. Examination of the right shoulder revealed decreased range of motion, positive impingement test, tenderness, and subacromial grinding and clicking. Right elbow has decreased range of motion and tenderness. Right wrist has decreased range of motion, tenderness, positive Phalen's and Tinel's, and weak grip strength. The treatment plan included refilling ibuprofen, Fexmid, and Prilosec, discontinue Tramadol and Norco, refill topical creams, and follow up as needed for pain. Disputed treatments include 1 Prescription of Ketoprofen/Cyclobenzaprine 10%/3% 120mg and 1 Prescription of Capsaicin 0.0375%, Menthol 10%, Camphor 2% 120gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Ketoprofen/Cyclobenzaprine 10%/3% 120mg: 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): 111-113.

Decision rationale: According to the MTUS chronic pain medical treatment guidelines, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. The documentation submitted did not support that the injured worker had failed a trial of oral antidepressant or anti-epileptic medication. There was no documentation of a diagnosis of neuropathic pain or that the injured worker has tried and failed antidepressants and anti-convulsants. Ketoprofen, a nonsteroidal anti-inflammatory agent (NSAID), is not currently FDA approved for topical application. It has a high incidence of photo contact dermatitis. As topical ketoprofen is not FDA approved, it is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. Cyclobenzaprine is a muscle relaxant. The MTUS notes that there is no evidence for use of muscle relaxants as topical products. As both of the medications in this compounded topical product are not recommended, the compound is not recommended. Therefore the request for 1 Prescription of Ketoprofen/Cyclobenzaprine 10%/3% 120mg is not medically necessary.

1 Prescription of Capsaicin 0.0375%, Menthol 10%, Camphor 2% 120gm: 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, Topical Analgesics Page(s): 28-29, 111-113. Decision based on Non-MTUS Citation Up-To- date: camphor and menthol: drug information. In Up-To-Date, edited by Ted. W. Post, published by Up-To-Date in Waltham, MA, 2015.

Decision rationale: According to the MTUS chronic pain medical treatment guidelines, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. The documentation submitted did not support that the injured worker had failed a trial of oral antidepressant or anti-epileptic medication. There was no documentation of a diagnosis of neuropathic pain or that the injured worker has tried and failed antidepressants and anti-convulsants. Capsaicin is recommended as an option in patients who have not responded or are intolerant to other

treatments. There have been no studies of a 0.0375% formulation and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The MTUS and ODG are silent with regard to menthol and camphor. They may be used for relief of dry, itchy skin. These agents carry warnings that they may cause serious burns. Therefore the request for 1 Prescription of Capsaicin 0.0375%, Menthol 10%, Camphor 2% 120gm is not medically necessary.