

Case Number:	CM15-0173209		
Date Assigned:	09/15/2015	Date of Injury:	03/31/2014
Decision Date:	12/04/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	09/02/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 39 year old female who sustained an industrial injury on 03/31/2014. Medical records indicated the worker was treated for cervical, thoracic and lumbar sprain-strain, shoulder subacromial bursitis and impingement, bilateral carpal tunnel syndrome, and bilateral wrist sprain-strain. In the provider notes of 09-09-2015, the injured worker complains of frequent moderate achy pain in the neck, upper-mid back, low back, bilateral shoulders and bilateral wrists. Objective findings included an unremarkable exam of the cervical and thoracic spine with exception of tenderness to palpation of the thoracic paravertebral muscles. The lumbar spine had slightly decreased flexion, and tenderness to palpation of the bilateral sacroiliac joints and lumbar paravertebral muscles. There was muscle spasm of the lumbar paravertebral muscles, Straight leg raise was positive bilaterally. She had muscle spasm of the anterior and posterior shoulder bilaterally with positive Neers and positive Hawkins. The bilateral wrist exams had tenderness to palpation of the dorsal, lateral, medial wrist; negative Tinel's and positive Phalen's with positive Carpal compression. The treatment plan on 07-23-2015 was for topical compounded medications, bilateral wrist splints, request bilateral upper extremities electromyogram-nerve conduction velocity testing, and follow-up with an orthopedic surgeon. The patient has had MRI of the lumbar spine on 9/17/14 that revealed disc protrusions, foraminal narrowing. The patient had received an unspecified number of acupuncture and PT visits for this injury. The medication list includes Tramadol and Tylenol. The patient has had a history of GERD.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Topical cream: (Capsaicin 0.0375%, Tramadol 7%, Ketamine 10%, Menthol 2%, Camphor 2%) 240 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Request: Q-- Compound Topical cream: (Capsaicin 0.0375%, Tramadol 7%, Ketamine 10%, Menthol 2%, Camphor 2%) 240 grams. According to the MTUS Chronic Pain Guidelines regarding topical analgesics, the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. A trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Per the cited guidelines, "Ketamine: Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted." Evidence that primary and secondary treatment has been exhausted was not specified in the records specified. As per the cited guideline "Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments." There is also no evidence that menthol is recommended by the CA MTUS Chronic pain treatment guidelines. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Ketamine, Menthol and Capsaicin are not recommended in this patient. The medical necessity of the request for Compound Topical cream: (Capsaicin 0.0375%, Tramadol 7%, Ketamine 10%, Menthol 2%, Camphor 2%) 240 grams is not fully established in this patient. Therefore, the request is not medically necessary.

Compound Topical cream: (Flurbiprofen 15%, Gabapentin 10%, Lidocaine 2.5%, Bupivacaine 2.5%) 240 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: Q-- Compound Topical cream: (Flurbiprofen 15%, Gabapentin 10%, Lidocaine 2.5%, Bupivacaine 2.5%) 240 grams. According to the MTUS Chronic Pain Guidelines regarding topical analgesics, the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." Flurbiprofen is a NSAID." Any compounded product that contains at least one drug

(or drug class) that is not recommended is not recommended. Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. A trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Per the cited guidelines, "Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia." Evidence of post herpetic neuralgia or diabetic neuropathy is not specified in the records provided, in this patient. As per cited guideline "Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application." In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Flurbiprofen, Lidocaine and Gabapentin are not recommended by MTUS. The medical necessity of the request for Compound Topical cream: (Flurbiprofen 15%, Gabapentin 10%, Lidocaine 2.5%, Bupivacaine 2.5%) 240 grams is not fully established in this patient. Therefore, the request is not medically necessary.