

Case Number:	CM15-0072550		
Date Assigned:	04/22/2015	Date of Injury:	10/25/2013
Decision Date:	05/26/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/16/2015

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, 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 61 year old male, who sustained an industrial injury on October 25, 2013. The injured worker has been treated for neck and bilateral shoulder complaints. The diagnoses have included cervical degenerative disc disease, cervical spondylosis, cervical spinal stenosis, cervical radiculopathy, right shoulder impingement syndrome, rotator cuff tendonitis, incomplete rupture of the right rotator cuff, left shoulder impingement syndrome and bilateral acromioclavicular joint arthritis. Treatment to date has included medications, radiological studies, physical therapy, acupuncture treatment, electrodiagnostic studies and right shoulder surgery. Current documentation dated March 3, 2015 notes that the injured worker reported right shoulder pain and no range of motion in the shoulder. Physical examination of the right shoulder revealed tenderness, swelling with warmth and a limited range of motion. The treating physician's plan of care included a request for the compounded cream: Ketoprofen/Cyclobenzaprine/Lidocaine/Menthol C/Potas, 120 count with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMPD - Ketoprofen/Cyclobenzaprine/Lidocaine/Menthol C/Potas, 120 count with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71.

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

Decision rationale: This medication is a compounded topical analgesic containing ketoprofen, cyclobenzaprine, lidocaine, and menthol C. 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 photo contact 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 any 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, documentation in the medical record does not support the diagnosis of postherpetic neuralgia. Lidocaine is not recommended. Menthol C is methyl salicylate. Methyl salicylate is a topical salicylate and is recommended, being significantly better than placebo in chronic pain. This medication contains drugs that are not recommended. Therefore, the medication cannot be recommended. The request should not be authorized.