

Case Number:	CM15-0078125		
Date Assigned:	04/29/2015	Date of Injury:	12/12/2014
Decision Date:	05/28/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/23/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 (IW) is a 55-year-old female who sustained an industrial injury on 12/12/2014. Diagnoses include lumbar spine sprain and strain with possible internal derangement and left knee sprain and strain with possible internal derangement. Treatment to date has included medications, physical therapy, lumbar support and left knee brace. Diagnostics included x-rays and MRIs. According to the treating orthopedic evaluation dated 3/9/15, the IW reported constant pain and stiffness in the lumbar spine, radiating into the left lower extremity; constant left knee pain; and pain and stiffness in the cervical spine. A request was made for compounded medications - Flurbiprofen, Capsaicin, Menthol, Camphor 120Gms and Ketoprofen, Cyclobenzaprine, Lidocaine 120Gms for pain management and prevention of dependence on oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMPD - Flurbiprofen, Capsaicin, Menthol, Camphor 120gm Apply Once AM: 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 Section Capsaicin Section NSAIDs Section Page(s): 28, 67-73, 111-113.

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical capsaicin is recommended by the MTUS Guidelines only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. Topical NSAIDs, have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. The injured worker's pain is not described as pain from osteoarthritis. Topical flurbiprofen is not an FDA approved formulation. Menthol is not addressed by the MTUS Guidelines or the ODG, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well as binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. Camphor is not addressed by the MTUS Guidelines or the ODG, but it is often included in formulation as of anesthetic agents. It is used topically to relieve pain and reduce itching. It is used topically to increase local blood flow and as a counterirritant which reduces pain and swelling by causing irritation. The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The request for CMPD - Flurbiprofen, Capsaicin, Menthol, Camphor 120gm Apply Once AM is determined to not be medically necessary.

CMPD - Ketoprofen, Cyclobenzaprine, Lidocaine 120gm Apply Once AM: 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 Section Page(s): 111-113.

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. These guidelines report that topical ketoprofen is not FDA approved, and is therefore not recommended by these guidelines. The MTUS Guidelines state that there is no evidence for use of muscle relaxants such as cyclobenzaprine as a topical product. Topical lidocaine in the formulation of a cream or lotion is not recommended. The request for CMPD - Ketoprofen, Cyclobenzaprine, Lidocaine 120gm Apply Once AM is determined to be not medically necessary.