

Case Number:	CM15-0095551		
Date Assigned:	05/22/2015	Date of Injury:	06/30/2000
Decision Date:	06/24/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/18/2015

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 55-year-old male, who sustained an industrial injury on 6/30/2000. Diagnoses have included lumbar discopathy with disc displacement, lumbar radiculopathy and left shoulder impingement syndrome. Treatment to date has included medication. According to the progress report dated 3/23/2015, the injured worker complained of low back pain radiating down the left leg. The left leg pain was associated with numbness and tingling. He also complained of left shoulder pain. Medications and compound creams helped alleviate some of the pain. Exam of the left shoulder revealed tenderness to palpation over the acromioclavicular joint. Neer's, Hawkins' and O'Brien's tests were positive. There was decreased range of motion secondary to pain and stiffness. Exam of the lumbar spine revealed tenderness to palpation over the lumbar paraspinal musculature. There was decreased range of motion due to pain and stiffness. Faber/Patrick's test was positive. Authorization was requested for compound creams: Flurbiprofen 25mg/Menthol 10%/Camphor 2%/Capsaicin 0.0375% 15gm and Cyclobenzaprine 10%/Tramadol 10% 60gm. The medication list includes Flexeril, Paxil, Tramadol, nalfon, and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream: Flurbiprofen 25mg/Menthol 10%/Camphor 2%/Capsaicin 0.0375% 15gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, pages 111-112.

Decision rationale: Compound cream: Flurbiprofen 25mg/Menthol 10%/Camphor 2%/Capsaicin 0.0375% 15gm. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that 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". There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended, as there is no evidence to support use. Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non- neuropathic pain: "Gabapentin: Not recommended. There is no peer-reviewed literature to support use". MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Any trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Intolerance or contraindication to oral medications was not specified in the records provided. Evidence of diminished effectiveness of oral medications was not specified in the records provided. The medication Flurbiprofen is a NSAID "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, and 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 Flurbiprofen, Capsaicin and menthol are not recommended by MTUS in this patient. The medication Topical compounded Compound cream: Flurbiprofen 25mg/Menthol 10%/Camphor 2%/Capsaicin 0.0375% 15gm is not fully established in this patient. Therefore, the request is not medically necessary.

Compound cream: Cyclobenzaprine 10%/Tramadol 10% 60gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, pages 111-112.

Decision rationale: Compound cream: Cyclobenzaprine 10%/Tramadol 10% 60gm. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that 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". Non-steroidal ant inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended, as there is no evidence to support use. Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Any trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Intolerance or contraindication to oral medications was not specified in the records provided. Evidence of diminished effectiveness of oral medications was not specified in the records provided. Cyclobenzaprine is a muscle relaxant. Per the cited guidelines, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." 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 Cyclobenzaprine is not recommended by MTUS. The medical necessity of the medication Compound cream: Cyclobenzaprine 10%/Tramadol 10% 60gm is not fully established in this patient.