

Case Number:	CM14-0145160		
Date Assigned:	09/12/2014	Date of Injury:	12/14/2012
Decision Date:	10/07/2014	UR Denial Date:	08/16/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 female is a 51-year-old whose date of injury was 12-14-2012. The documentation provided includes only one note from the treating physician dated 5-9-2014 and most of the historical information is obtained from the previous utilization review. The solitary note from the treating physician is nearly illegible. The injured worker complains of bilateral shoulder pain, bilateral upper extremity pain, lumbar sacral pain and pain to the rhomboids and trapezii. Per the previous UR note her diagnoses include lumbar sacral disc bulge, bilateral shoulder strain/sprain, lumbar sprain/strain, and shoulder impingement syndrome. We are asked to consider the retroactive necessity for two compounded topical pain relievers.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Ketoprofen, Tramadol, and Flurbiprofen, Capsaicin, Menthol, Camphor (duration unknown and frequency unknown) 06/18/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The use of compounded, topical medications for pain relief is largely experimental with few randomized controlled trials to determine efficacy or safety. They are

primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). 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. Topical anti-inflammatories such as ketoprofen and flubiprofen are indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment such as the ankle, elbow, foot, hand, knee, and wrist, but not the back or shoulder. In this instance, both topical compounds requested contain an anti-inflammatory. Because there is no clear indication for the use of this medication given what we can ascertain about the injured worker, the compounds they are contained within therefore are not medically necessary.