

Case Number:	CM13-0022541		
Date Assigned:	11/13/2013	Date of Injury:	10/10/2006
Decision Date:	01/16/2014	UR Denial Date:	07/10/2013
Priority:	Standard	Application Received:	09/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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 physician 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 patient is a 57-year-old female with a reported date of injury on 10/10/2006. The patient presented with extensive complaints of chest pain, shortness of breath, limitations related to pain, and sleep disturbance. The patient had no costovertebral angle tenderness, no pedal edema, and dorsalis pedis pulses were 2+. The patient had diagnoses including orthopedic injuries, psychiatric illness, obesity/hyperlipidemia, diabetes type 2, chest pain/shortness of breath, asthma, gastrointestinal illness, multifactorial, and sleep disorder, multifactorial. The physician's treatment plan consisted of a request for a prescription of flurbiprofen 25%, lidocaine 5%, menthol 5%, and camphor 1% and a request for a prescription for tramadol 15%, dextromethorphan 10%, and capsaicin 0.25%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for prescription of Flurbiprofen 25%/ Lidocaine 5%/ menthol 5%/ camphor 1%:
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 Page(s): 111-112.

Decision rationale: The California MTUS guidelines note topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. The guidelines note these medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) The guidelines recommend the use of topical NSAIDs for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and use with neuropathic pain is not recommended as there is no evidence to support use. The guidelines recommend the use of Lidocaine 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Within the provided documentation, it did not appear the patient had diagnoses that would indicate the patient's need for topical flurbiprofen or lidocaine. The guidelines note topical lidocaine is not recommended in other forms besides the topical lidocaine patch, Lidoderm. The guidelines note any compound product that contains at least 1 drug or drug class that is not recommended, is not recommended. Therefore, the request for a prescription for flurbiprofen 25%, lidocaine 5%, menthol 5%, and camphor 1% is neither medically necessary nor appropriate.

Request for prescription of Tramadol 15%/ Dextromethorphan 10 % /capsaicin 0.25%:
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 Page(s): 111-113.

Decision rationale: The California MTUS Guidelines recommend the use of capsaicin for patients with osteoarthritis, postherpetic neuralgia, diabetic neuropathy, and post mastectomy pain. The guidelines recommend the use of capsaicin only as an option in patients who have not responded or are intolerant to other treatments. The guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Within the provided documentation it did not appear the patient had diagnoses including osteoarthritis, postherpetic neuralgia, diabetic neuropathy, and post mastectomy pain that would indicate the patient's need for capsaicin at this time. The guidelines note any compounded product that contains at least 1 drug or drug class that is not recommended, is not recommended. Therefore, the request for tramadol 15%, dextromethorphan 10%, and capsaicin 0.25% is neither medically necessary nor appropriate.

