

Case Number:	CM13-0024076		
Date Assigned:	03/14/2014	Date of Injury:	06/11/2008
Decision Date:	05/02/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/13/2013

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 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 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:

According to the records made available for review, this is a 68-year-old male with a 6/11/08 date of injury. At the time (8/28/13) of request for authorization for Capsaicin 5gm / Menthol 6.6gm / Camphor 0.66gm / Caffeine 0.033gm 7.92 ml / Pluronic acid 40mg #60gm and Ibuprofen 10% 60gm bid (twice a day), compound, there is documentation of subjective (pain, weakness, and stiffness of the left shoulder) and objective (left shoulder tenderness to palpation with spasms and decreased range of motion, and decreased sensation) findings, current diagnoses (brachial neuritis/radiculitis, lumbar sprain/strain, and lumbosacral neuritis/radiculitis), and treatment to date (medications). In addition, an 8/28/13 medical report plan identifies topical Capsaicin and Ibuprofen compound to be applied to the left shoulder for chronic inflammation and pain. The rationale for topical Ibuprofen identifies the patient has severe GI distress with oral Naproxen. Regarding the requested Ibuprofen 10% 60gm bid (twice a day), compound, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

CAPSAICIN 5GM / MENTHOL 6.6GM / CAMPHOR 0.66GM / CAFFEINE 0.033GM 7.92 ML / PLURONIC ACID 40MG #60GM.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines indicates that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of brachial neuritis/radiculitis, lumbar sprain/strain, and lumbosacral neuritis/radiculitis. However, the requested Capsaicin 5gm / Menthol 6.6gm / Camphor 0.66gm / Caffeine 0.033gm 7.92 ml / Pluronic acid 40mg #60gm contains at least one drug (Capsaicin in a 0.0375% formulation) that is not recommended. Therefore, the request is not medically necessary and appropriate.

IBUPROFEN 10% 60GM BID (TWICE A DAY) , COMPOUND.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG) Pain, section on Topical analgesics.

Decision rationale: The MTUS Chronic Pain Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of topical NSAIDs. The ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs as criteria necessary to support the use of topical NSAIDs. Within the medical information available for review, there is documentation of diagnoses of brachial neuritis/radiculitis, lumbar sprain/strain, and lumbosacral neuritis/radiculitis. In addition, given documentation of a rationale for topical Ibuprofen identifying the patient has severe GI distress with oral NSAIDs, there is documentation of failure of an oral NSAID and contraindications to oral NSAIDs. However, despite documentation of subjective (pain, weakness, and stiffness of the left shoulder) and objective (left shoulder tenderness to palpation with spasms and decreased range of motion, and decreased sensation) findings, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). In addition, there is no documentation of the intention of short term treatment (4-12 weeks). Therefore, the request is not medically necessary.