

Case Number:	CM13-0027543		
Date Assigned:	11/22/2013	Date of Injury:	06/25/1999
Decision Date:	03/31/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/23/2013

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 Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 47 year-old with a date of injury of 06/25/99. The mechanism of injury is unspecified. She was diagnosed with cervical and shoulder sprain/strain. The most recent progress note included by [REDACTED], dated 06/12/13, identified subjective complaints of constant pain in the right shoulder with pain radiating down her arm. She also complained of constant pain in the neck radiating into the shoulder. Objective findings included paravertebral tenderness and decreased range-of-motion of the neck. There was normal motor and sensory function. There was tenderness in the trapezius and lateral shoulder. Diagnostic studies revealed a normal x-ray of the cervical spine and shoulder. Diagnoses indicate that the patient has "chronic cervico-dorsal and bilateral shoulder strain/sprain". Treatment has included previous physical therapy in 2002 and 2003 and current oral NSAIDs were prescribed in addition to topicals. A Utilization Review determination was rendered on 09/10/13 recommending non-certification of topical analgesic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25% / Diclofenac 10% 30 Gram Jar: 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 Physician Reviewer's decision rationale: Diclofenac and flurbiprofen are both non-steroidal anti-inflammatory agents (NSAIDs). The California Medical Treatment Utilization Schedule (MTUS) states that topical analgesics are primarily recommended when other modalities could not be tolerated or have failed. Topical NSAIDs have shown success in non-neuropathic pain. However, the only FDA approved topical NSAID is diclofenac. Likewise, there is no rationale in the guidelines for combining two NSAIDs in the same topical. The Guidelines further state: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore, there is no necessity for addition of flurbiprofen in the topical formulation for this patient.

Capsaicin 0.0357% / Menthol 10% / Camphor 2.5% / Tramadol 20% 30 Grams per Jar:
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 MTUS Chronic Pain Guidelines state that topical analgesics are recommended as an option in specific circumstances. However, they do state that they are "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." Capsaicin has shown success in musculoskeletal conditions. However, they are recommended only as an option in patients who have not responded or are intolerant to other treatments. The Guidelines further state: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, there is no documentation that the patient is intolerant to other treatments or that those therapies have failed. Therefore, there is no documentation in the record for the medical necessity of a compound topical containing capsaicin.