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| Case Number: | CM13-0031060 | | |
| Date Assigned: | 12/13/2013 | Date of Injury: | 09/14/2012 |
| Decision Date: | 04/28/2014 | UR Denial Date: | 09/17/2013 |
| Priority: | Standard | Application Received: | 10/02/2013 |

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:

This 40 year-old female sustained an injury on 9/14/12 while employed by [REDACTED] Corporation. Requests under consideration include COMPOUND MEDICATION: FLURBIPROFEN 20%, TRAMADOL 20% and COMPOUND MEDICATION: CAPSAICIN 0.025%, FLURBIPROFEN 30%, METHYL SALICYLATE 4%. Report of 8/13/13 from the provider noted patient complained of severe right shoulder pain; Final Determination Letter for IMR Case Number [REDACTED] 3 constant chronic lumbar pain with numbness and tingling radiating to lower legs. There were no objective findings documented. Plan was for EMG/NCV; PT and acupuncture 2x6; toxicology; prescription for Capsaicin/Flurbiprofen cream; Flurbiprofen/Tramadol cream; naproxen; flexeril; omeprazole. The patient remained TTD (temporarily totally disabled) for diagnoses of right shoulder strain/sprain/osteoarthritis; infraspinatus sprain/ strain; lumbar sprain/strain; and right upper extremity radiculitis. The request was non-certified on 9/17/13 citing guidelines criteria and lack of medication necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND MEDICATION: FLURBIPROFEN 20%, TRAMADOL 20%: 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: This employee sustained an injury on 9/14/12 while employed by [REDACTED] Corporation. Requests under consideration include COMPOUND MEDICATION: FLURBIPROFEN 20%, TRAMADOL 20% and COMPOUND MEDICATION: CAPSAICIN 0.025%, FLURBIPROFEN 30%, METHYL SALICYLATE 4%. According to the MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. There is no information or clarification provided as to how it is medically necessary to treat this injured worker who is not intolerable to oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical compound analgesic. The COMPOUND MEDICATION: FLURBIPROFEN 20%, TRAMADOL 20% is not medically necessary and appropriate.

COMPOUND MEDICATION: CAPSAICIN 0.025%, FLURBIPROFEN 30%, METHYL SALICYLATE 4%: 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: This employee sustained an injury on 9/14/12 while employed by [REDACTED] Corporation. Requests under consideration include COMPOUND MEDICATION: FLURBIPROFEN 20%, TRAMADOL 20% and COMPOUND MEDICATION: CAPSAICIN 0.025%, FLURBIPROFEN 30%, METHYL SALICYLATE 4%. According to the MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. There is no information or clarification provided as to how it is medically necessary to treat this injured worker who is not intolerable to oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical compound analgesic. The COMPOUND MEDICATION: CAPSAICIN 0.025%, FLURBIPROFEN 30%, METHYL SALICYLATE 4% is not medically necessary and appropriate.