

Case Number:	CM13-0037390		
Date Assigned:	12/13/2013	Date of Injury:	02/28/2013
Decision Date:	04/30/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/30/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 patient is a 59-year-old male who sustained an unspecified injury on 02/28/2013. The patient was evaluated on 12/02/2013 for complaints of a headache and right shoulder pain. The objective findings noted the patient to have a positive impingement sign of the right shoulder. The patient's diagnoses were noted as psychiatric, right shoulder tendinosis, headache and memory loss. The documentation indicated that the patient was being treated with clonazepam and fluoxetine. The treatment plan further indicated the use of topical analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF 240 GRAMS OF TOPICAL CAPSAICIN 0.025%, FLURBIPROFEN 20%, TRAMADOL 10%, MENTHOL 2%, CAMPHOR 2%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111- 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for 240 gm of topical capsaicin 0.025%, flurbiprofen 20%, tramadol 10%, menthol 2% and camphor 2% is non-certified. The documentation submitted for review indicated that the patient was using clonazepam and fluoxetine as oral medications. The

California MTUS Guidelines state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The use of flurbiprofen is not currently FDA-approved for topical application. As such, the use is not recommended by guidelines. The California MTUS Guidelines recommend the use of topical capsaicin for patients who have not responded or who are intolerant to other treatments. The documentation submitted for review did not indicate that the patient was intolerant or had not responded to other treatments. The documentation indicated that the patient was taking oral medications. As such, the use of the topical is not supported. Given the information submitted for review, the request for 240 gm of topical capsaicin 0.025%, flurbiprofen 20%, tramadol 10%, menthol 2% and camphor 2% is non-certified.

PRESCRIPTION OF 240 GRAMS OF FLURBIPROFEN 20%, TRAMADOL 20%:
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): 111-112.

Decision rationale: The request for 240 gm of flurbiprofen 20%, tramadol 20% is non-certified. The California MTUS Guidelines state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Flurbiprofen is not currently FDA-approved for topical applications. As such, it is not recommended by the California MTUS Guidelines. Therefore, the use of this medication is not supported. Given the information submitted for review, the request for 240 gm of flurbiprofen 20%, tramadol 20% is non-certified.

SPECIALIST REFERRAL [REDACTED] FOR INITIAL CONSULT FOR NESP-R PROGRAM FOR CHRONIC PAIN PATIENT THAT INCLUDING NARCOTIC DETOXIFICATION: 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 Chronic pain program (functional restoration program) Page(s): 31-32.

Decision rationale: The request for a specialist referral to [REDACTED] for an initial consult for an NESP-R program for chronic pain, including narcotic detoxification, is non-certified. The California MTUS Guidelines recommend that an adequate and thorough evaluation be made prior to the initiation of a chronic pain program. The documentation submitted for review did not indicate that the patient had undergone a multidisciplinary evaluation. Furthermore, the request submitted for review indicated narcotic detoxification. The documentation submitted for review did not indicate that the patient was dependent on narcotics. Therefore, clarification or supporting documentation is needed. Given the information submitted

for review, the request for a specialist referral to [REDACTED] for an initial consult for an NESP-R program for chronic pain, including narcotic detoxification, is non-certified.