

Case Number:	CM13-0040797		
Date Assigned:	03/21/2014	Date of Injury:	11/17/1999
Decision Date:	05/27/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/29/2013

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 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:

This patient sustained an injury on 11/17/1999 while employed by [REDACTED]. Request(s) under consideration include compound medication [capsaicin 0.025% / flurbiprofen 20% / tramadol 10% / menthol 2% / camphor 2%] 240gm and compound medication [flurbiprofen 20% / tramadol 20%] 250gm. Report of 6/14/13 from the provider noted the patient with pain over the shoulder, cervical spine, lumbar spine, and knee. Exam showed tenderness and positive provocative test with treatment plan for chiropractic/ physical therapy, acupuncture, TENS-EMS unit, and medications. Report from ortho consultant on 8/20/13 noted patient with neck and low back pain with bilateral shoulder and right thumb symptoms. Exam of the cervical spine showed limited range with positive compression test and pain with scapular retraction; shoulder showed improved motion with impingement sign; right thumb showed tenderness; lumbar spine showed mild sciatic irritation. Recommendation include topical compounded creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND MEDICATION [CAPSAICIN 0.025% / FLURBIPROFEN 20% / TRAMADOL 10% / MENTHOL 2% / CAMPHOR 2%] 240GM: Upheld

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

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

Decision rationale: Per 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 analgesic compound over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 1999 without documented functional improvement from treatment already rendered. The compound medication [capsaicin 0.025% / flurbiprofen 20% / tramadol 10% / menthol 2% / camphor 2%] 240gm is not medically necessary and appropriate.

COMPOUND MEDICATION [FLURBIPROFEN 20% / TRAMADOL 20%] 250GM:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): TOPICAL ANALGESICS.

Decision rationale: Per 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 analgesic compound over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 1999 without documented functional improvement from treatment already rendered. The compound medication [flurbiprofen 20% / tramadol 20%] 250gm is not medically necessary and appropriate.