

Case Number:	CM13-0043493		
Date Assigned:	12/27/2013	Date of Injury:	05/06/2013
Decision Date:	05/21/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/23/2013

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 & 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:

The injured worker is a 52-year-old female who reported an injury on 05/06/2013 due to repetitive trauma. The injured worker reportedly sustained an injury to her right elbow and left forearm. The injured worker's treatment history included physical therapy, multiple medications, and acupuncture. The injured worker was evaluated on 10/08/2013. It was documented that the injured worker had on-going pain complaints of multiple body parts. The injured worker's diagnoses included bilateral knee tri-compartmental osteoarthritis. The physical evaluation on that day was focused on the bilateral knees, which documented restricted range of motion with a positive patellar grind test. The treatment plan for the injured worker included topical medications, chiropractic care, and a gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN 20 %/TRAMADOL 20% 240 GM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Effectiveness of topical administration of opioids in palliative

care: a systematic review; B LeBon, G Zeppetella, IJ Higginson - Journal of pain and symptoms,2009 -Elsevier.

Decision rationale: The requested FLURBIPROFEN 20 %/TRAMADOL 20% 240 GM is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not support the use of topical anti-inflammatory medications unless the injured worker has failed to respond to oral formulations of this type of medication, or when oral formulations of non-steroidal anti-inflammatory drugs are contraindicated for the injured worker. The clinical documentation submitted for review does not provide any evidence that the injured worker cannot tolerate oral anti-inflammatory drugs. California Medical Treatment Utilization Schedule and Official Disability Guidelines do not address the use of opioids in a topical formulation. Peer reviewed literature does not support the use of opioids in a topical formulation as there is little scientific data to support the efficacy and safety of this type of medication. Additionally, there is no indication within the documentation that the injured worker cannot tolerate more traditional oral formulations of this medication. Also, the request as it is submitted does not clearly identify a frequency of treatment or a body part. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested FLURBIPROFEN 20 %/TRAMADOL 20% 240 GM is not medically necessary or appropriate.

CAPSAICIN 0.025 %/FLURBIPROFEN 20%/TRAMADOL 10%/MENTHOL 2%/CAMPHOR 2% 240 GM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:Effectiveness of topical administration of opioids in palliative care: a systematic review; B LeBon, G Zeppetella, IJ Higginson - Journal of pain and symptoms,2009 -Elsevier.

Decision rationale: The requested Capsaicin 0.025 %/Flurbiprofen 20%/Tramadol 10%/Menthol 2%/ Camphor 2% 240 GM is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not support the use of capsaicin as a topical analgesic unless the injured worker has failed to respond to all other first line chronic pain management interventions. The clinical documentation fails to provide any evidence that the injured worker has not responded to first line medications to include anticonvulsants and antidepressants. Therefore, the use of capsaicin in a topical formulation would not be supported. California Medical Treatment Utilization Schedule recommends the use of topical non-steroidal anti-inflammatory drugs for injured workers who cannot tolerate oral formulations of these medications. The clinical documentation submitted for review does not provide any evidence that the injured worker cannot tolerate oral formulations of non-steroidal anti-inflammatory drugs. Therefore, the use of Flurbiprofen is not supported. The California Medical Treatment Utilization Schedule and Official Disability Guidelines do not address opioids as topical analgesics. Peer reviewed literature does not support the use of opioids as topical analgesics as there is little scientific evidence to support the efficacy and safety of this type of formulation.

Additionally, there is no documentation that the injured worker cannot tolerate more traditional oral formulations of this medication. Also, the request as it is submitted does not include a frequency or body part. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Capsaicin 0.025 %/Flurbiprofen 20%/Tramadol 10%/Menthol 2%/Camphor 2% 240 GM is not medically necessary or appropriate.