

Case Number:	CM13-0062977		
Date Assigned:	12/30/2013	Date of Injury:	04/16/2012
Decision Date:	06/25/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/09/2013

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 Occupational Medicine, 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:

The patient is a 44-year-old female who has submitted a claim for neck pain and bilateral upper extremity pain, associated with an industrial injury date of April 16, 2012. Medical records from 2012 through 2014 were reviewed. The latest progress report, dated 10/29/2013, showed neck pain and bilateral upper extremity pain. The majority of pain in the left arm has resolved, but there was persistent pain in the right arm with associated numbness especially the right thumb. Physical examination of the cervical spine revealed tenderness. Neurological exam revealed decreased sensation in the right forearm and right thumb. The MRI of the cervical spine, dated 08/07/2013, showed multilevel disc desiccation and a 2-3mm annular bulge with mild biforaminal stenosis at C5-6. Treatment to date has included physical therapy, epidural injection, and medications. Utilization review from 11/26/2013 denied the request for Flurbiprofen with Lido/Menthol/Camphor/Capsaicin cream and Tramadol with Dextromethorphan/Capsaicin cream because the current guidelines do not recommend its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN WITH LIDO/MENTHOL/CAMPBOR/CAPSAICIN CREAM 10 GRAMS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Topical Salicylates

Decision rationale: According to pages 111-113 of CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many these agents. The compound Flurbiprofen does not show consistent efficacy. Regarding the Menthol and Capsaicin components, the California MTUS does not cite specific provisions, but the ODG Pain Chapter issued an FDA safety warning which identifies rare cases of serious burns that have been reported to occur on the skin where menthol and capsaicin were applied. Lidocaine in topical formulation is not approved for use. The guidelines do not address Camphor. In this case, the medical records of the employee revealed that the employee has been on the said topical cream since 2012. The rationale of using a topical cream is to provide targeted pain relief and treatment to assure the patient functions safely with reduced side effects associated with oral medications. However, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This medication contains drug components that are not recommended for topical use. Therefore, the request for purchase of Flurbiprofen with Lido/Menthol/Camphor/Capsaicin Cream 10 grams is not medically necessary.

TRAMADOL WITH DEXTROMETHORPHAN/CAPSAICIN CREAM LIPOBASE 30 GRAMS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

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

Decision rationale: According to pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. The compound Tramadol does not show consistent efficacy. Pages 28-29 state that topical capsaicin is recommended only as an option in patients who have not responded to or are intolerant of other treatments. The guidelines do not address Dextromethorphan. In this case, the medical records of the employee revealed that the employee has been on the said topical cream since 2012. The rationale of using a topical cream is to provide targeted pain relief and treatment to assure the patient functions safely with reduced side effects associated with oral medications. However, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This medication contains drug components that are not recommended for topical use. Therefore, the request for purchase of Tramadol with Dextromethorphan/Capsaicin Cream Lipobase 30 grams is not medically necessary.

