

Case Number:	CM13-0067401		
Date Assigned:	05/07/2014	Date of Injury:	06/20/2013
Decision Date:	07/09/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/17/2013

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 Texas. 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 35 year old female with an injury reported on 06/20/2013. The mechanism of injury was described as the injured worker being in prolonged sitting, prolonged fixed positioning of her neck and repetitive use of her hands. The clinical note dated 10/29/2013, reported that the injured worker complained of pain to her neck, middle and lower back, and right wrist. The physical examination findings reported bilateral paravertebral tenderness noted. The injured worker's lumbosacral spine range of motion demonstrated forward flexion to 55 degrees, extension to 20 degrees, and lateral flexion to right and left was to 25 degrees. The injured worker's diagnoses included chronic neck and back pain, right upper extremity overuse syndrome and carpal tunnel syndrome. The request for authorization was submitted on 12/17/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND CAPSAICIN .0375%, MENTHOL 10% CAMPHOR 2.5% TRAMADOL 20% 240GM JAR: Upheld

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

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

Decision rationale: The request for compound capsaicin 0.0375%, menthol 10%, camphor 2.5%, tramadol 20% 240GM jar is non-certified. The injured worker complained of pain to her neck, middle and lower back, and right wrist. It was noted that the injured worker's lumbosacral spine range of motion demonstrated forward flexion to 55 degrees, extension to 20 degrees, and lateral flexion to right and left was to 25 degrees. According to the California MTUS guidelines capsaicin only recommended as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation; however, there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Therefore the request for Compound Capsaicin .0375%, Menthol 10% Camphor 2.5% Tramadol 20% 240gm Jar is not medically necessary and appropriate.

FLURBIPROFEN 25% DICLOFENAC 10% 240GM JAR: 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): 111-112.

Decision rationale: The request for flurbiprofen 25% diclofenac 10% 240GM jar is non-certified. The injured worker complained of pain to her neck, middle and lower back, and right wrist. It was noted that the injured worker's lumbosacral spine range of motion demonstrated forward flexion to 55 degrees, extension to 20 degrees, and lateral flexion to right and left was to 25 degrees. The California MTUS guidelines state that there is little evidence to utilize topical Non-Steroid Anti-Inflammatory Drugs (NSAIDs) for treatment of osteoarthritis of the spine, hip or shoulder. It also states that on neuropathic pain it is not recommended due to a lack of evidence to support use. Diclofenac is recognized as indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. There is a lack of clinical information provided indicating the location of the prescribed usage of topical Non-Steroid Anti-Inflammatory Drugs (NSAIDs). The rationale of a compound cream consisting of two NSAIDs is unclear. It is also unclear why the injured worker is unable to utilize an oral form of the Non-Steroid Anti-Inflammatory Drugs (NSAIDs) medication. Therefore, the request for Flurbiprofen 25% Diclofenac 10% 240gm Jar is not medically necessary and appropriate.