

Case Number:	CM13-0068386		
Date Assigned:	01/03/2014	Date of Injury:	07/17/2011
Decision Date:	05/30/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/19/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 66 year-old male who reported an injury on 07/17/2011 and the mechanism of injury was not provided in the medical records. The current diagnosis is sprain shoulder. The injured worker complained of shoulder and elbow pain. The clinical note from 11/09/2013 indicated that the injured worker was in for a pre-operative consultation for right shoulder surgery. On examination, there was tenderness on palpation of the right shoulder. The physician's request was for the injured worker to undergo a right shoulder arthroscopy with subacromial decompression and possible labrum repair and was medically cleared for surgery. The current request is for medication compound: Capsaicin 0.025%, Flurbiprofen 30%, Methyl Salicylate 4% and medication compound Flurbiprofen 20% & Tramadol 20% with the request date of 11/25/2013. The clinical notes for review did not provide a rationale for the requested compound.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICATION COMPOUND: CAPASICIN 0.025%, FLURBIPROFEN 30%, METHYL SALICYLATE 4%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Flurbiprofen, Topical Analgesics, Topical Capsaicin, Topical Salicylates Page(s): 72, 111, 28, 1.

Decision rationale: The California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Flurbiprofen is classified as a non-steroidal anti-inflammatory agent. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. California MTUS guidelines recommend Topical Salicylates. Methyl Salicylate 2% and camphor 2% are two of the ingredients of this compound. However, as the topical Flurbiprofen is not supported by the FDA or the treatment guidelines for topical use, the request is not medically necessary.

MEDICATION COMPOUND 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
Flurbiprofen, Topical Analgesics, Tramadol Page(s): 72, 111, 28, 105.

Decision rationale: The California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed....Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Flurbiprofen is classified as a non-steroidal anti-inflammatory agent. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A thorough search of FDA.gov, did not indicate there was a formulation of topical Tramadol that had been FDA approved. The approved form of Tramadol is for oral consumption, which is not recommended as a first line therapy. As the topical Flurbiprofen and Tramadol are not supported by the FDA or the treatment guidelines, the request is not medically necessary.