

Case Number:	CM14-0000571		
Date Assigned:	01/08/2014	Date of Injury:	10/24/2005
Decision Date:	06/09/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/02/2014

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 Management 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 patient is an employee of [REDACTED] who has submitted a claim for pain in the neck, bilateral shoulder, upper back and right wrist associated from an industrial injury date of October 24, 2005. Treatment to date has included right carpal tunnel release (8/1/12), wrist brace, physical therapy, home exercise program, and medications with include Terocin cream, diazepam, and compounded topical creams (Cyclobenzaprine 10%, Tramadol 10%) (Flurbiprofen 25%, Lidocaine 5%) (Flurbiprofen 25%, Menthol 10%, Camphor 3%, Capsaicin 0.0375%). The medical records from 2013 were reviewed, the latest of which dated December 13, 2013 revealed that the patient states that she has a recent pain in the cervical spine. She states that the pain has been continuous from the neck, bilateral shoulders to the wrists. She is expressing headaches. She has numbness and tingling of both hands. She notes a radiating pain for both upper extremities, left greater than right. She has been taking Valium and Flurbiprofen/Methol/Capsaicin Topical cream. She indicates that the medications help relieve and reduce her symptoms. On examination of the cervical spine, range of motion shows flexion and extension is limited to approximately 15 degrees. There is tenderness and spasm over the paravertebral and trapezial musculature bilaterally. On examination of bilateral shoulders, range of motion shows flexion and abduction is limited to approximately 90 degrees. On examination of bilateral wrists, there are healed incisions noted. There is mild effusion. There is limitation in range of motion in flexion and extension to approximately 50 degrees. There is decreased sensation noted on the thumb and index finger of the right hand. Utilization review from December 10, 2013 denied the request for compound medication: Flurbiprofen, Menthol, Capsaicin (Topical Cream) because guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND MEDICATION: FLURBIPROFEN, MENTHOL, CAPSAICIN (TOPICAL CREAM): 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 Analgesic, Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Salicylate Topical.

Decision rationale: As stated on pages 111-112 of the CA MTUS Chronic Pain Medical Treatment Guidelines, use of topical creams is only optional and is still largely experimental in use with few randomized controlled trials to determine efficacy or safety. Regarding the Flurbiprofen component, CA MTUS Chronic Pain Medical Treatment Guidelines state that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, and chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Regarding the Capsaicin component, CA MTUS Chronic Pain Medical Treatment Guidelines identify on page 28 that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. Regarding the Menthol component, CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Section, was used instead. ODG states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. In this case, the compounded cream was prescribed since September 2013 for painful areas with advantages that include lack of systemic side effects, absence of drug interactions and not requiring titration. The patient claims that the topical medication helps with the pain; however, there is no documented evidence of analgesia or functional improvement. In addition, CA MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. While guidelines would support a capsaicin formulation, the above compounded topical cream is not recommended, therefore, the request for compound medication: Flurbiprofen, Menthol, Capsaicin (Topical Cream) is not medically necessary.