

Case Number:	CM14-0002040		
Date Assigned:	01/24/2014	Date of Injury:	02/08/2008
Decision Date:	06/19/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/07/2014

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 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 patient is an employee of [REDACTED] and has submitted a claim for neck pain, bilateral shoulder pain, bilateral elbow pain, and bilateral wrist pain. It was associated with an industrial injury date C.T. March 25, 1996 through February 8, 2008. Treatment to date has included medications and home exercise program. Medical records from 2012 through 2014 were reviewed; the latest of which was a progress report dated December 30, 2013, which showed that the patient complained of persistent pain in the cervical spine. There is also pain extending into the shoulders and upper extremities. She described the pain that is increased with daily activities and often drops things due to weakness of her hands. Physical examination of the cervical spine revealed flexion and extension to 20 degrees with tenderness and spasm over the paravertebral musculature and trapezial musculature bilaterally. Bilateral elbows have range of motion from 0-145 degrees and tenderness was also palpable. Full range of motion on bilateral wrists but tenderness was noted. Neurologic exam revealed decreased sensation on both hands to all of the fingers bilaterally. The utilization review from December 17, 2014 denied the request for compound topical cream-Flurbiprofen 25%, Menthol 10%, Camphor 3%, Capsaicin 0.0375% 120gm tube because the compound delivery systems are not generally FDA approved as the mechanism by which the drugs are delivered and its efficacy has not been extensively studied.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND TOPICAL CREAM FLURBIPROFEN 25% MENTHOL 10% CAMPHOR 3% CAPSAICIN 0.0375%: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Capsaicin

Decision rationale: According to pages 112-113 of the Chronic Pain Medical Treatment Guidelines, Ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. Compounded Flurbiprofen and NSAIDs in general do not show consistent efficacy and are not FDA approved. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the Official Disability Guidelines (ODG), Pain Chapter 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. Regarding the capsaicin component, the guideline states there is no current indication that an increase over a 0.025% formulation would provide any further efficacy. Guidelines state that capsaicin in a 0.0375% formulation is not recommended for topical applications. The guidelines do not address camphor. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the medical reviews of the patient revealed that the patient has been on a compound topical cream composed of Flurbiprofen 25%, Menthol 10%, Camphor 3%, Capsaicin 0.0375% since 2013. The rationale of using a topical cream is to reduce impact on the patient's gastrointestinal system brought by the use of NSAID such as Naproxen, which the patient has continually taken since 2012. The topical cream stated is a compounded product that includes 0.0375% Capsaicin and Flurbiprofen 25%, which are not recommended drugs for topical application. Therefore, the request for compound topical cream Flurbiprofen 25%, Menthol 10%, Camphor 3%, Capsaicin 0.0375% is not medically necessary.