

Case Number:	CM14-0003668		
Date Assigned:	01/31/2014	Date of Injury:	08/26/2005
Decision Date:	06/20/2014	UR Denial Date:	12/21/2013
Priority:	Standard	Application Received:	01/10/2014

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 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 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 a 75 year old male who was injured on 08/26/2005 when he lifted a door weighing about 80 pounds from the ground and as he lifted the door, he felt pain in both shoulders. Prior treatment history has included oral pain medication, an analgesic ointment and physical therapy was initiated. Treating physician's initial evaluation note dated 01/24/2013 indicates the patient presents with complaints of constant sharp pain in the neck which he rates a 4-8/10; constant sharp pain in bilateral shoulders which he rates an 8/10; and constant sharp pain in bilateral wrists which he rates a 7/10. He reports the medications and rest help to relieve his pain. The patient also experiences headaches, dizziness, difficulty sleeping, depression, and anxiety. He is currently taking over-the-counter pain medications. He has been hospitalized for treatment of chest pain in the past. On examination, the patient is unable to lift his arm over his head and he is unable to cooperate in the exam due to his discomfort. His shoulder range of motion was severely restricted due to pain. His wrist range of motion was decreased on the right and normal on the left and was also limited due to pain. The patient is diagnosed with pain in bilateral shoulder joints, bilateral shoulder rotator cuff strain and pain in the joints of bilateral hands. The patient states that Tramadol has been effective in relieving his pain particularly at nighttime. The patient was given some topical creams, which he states has given him some relief of his pain as well as tramadol, for pain control. Prior UR dated 12/21/2013 gives retrospective review for dates of service from 03/20/2013 to 03/20/2013 and it states the request for retrospective Capsaicin 0.025%, Flurbiprofen 30%, Methyl salicylate 4%, Lipoderm base is non-certified due to lack of documentation of the patient's response to treatment and/or other treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE CAPSAICIN 0.025% FLURBIPROFEN 30% METHYL SALICYLATE 4% LIPODERM BASE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS) Chronic Pain, Page 105, Chapter Topical Analgesics, Pages 111-113.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines (California MTUS) indicate that the 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. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDS, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, gamma agonists, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factors).(Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect another two week period. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. It is not recommended for neuropathic pain as there is no evidence to support its use. Capsaicin: recommended only as option in patients who have not responded or are intolerant to other treatments. There is no documentation of the patient's intolerance of these or similar medications taken on an oral basis. Based on the Chronic Pain Medical Treatment Guidelines (California MTUS) and criteria as well as the clinical documentation stated above, the request is not medically necessary.

FLURIPROFEN 30% TRAMADOL 20% BASE ON 3/20/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS) Chronic Pain, Page 105, Chapter Topical Analgesics, Pages 111-113.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines (California MTUS) indicate that the 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. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDS, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, gamma agonists,

bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factors).(Argoff, 2006)
There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect another two week period. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. It is not recommended for neuropathic pain as there is no evidence to support its use. There is no documentation of the patient's intolerance of these or similar medications taken on an oral basis. Based on the Chronic Pain Medical Treatment Guidelines (California MTUS) and criteria as well as the clinical documentation stated above, the request is not medically necessary.