

Case Number:	CM14-0101761		
Date Assigned:	07/30/2014	Date of Injury:	04/18/2012
Decision Date:	12/24/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/01/2014

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 Physical Medicine & Rehabilitation 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:

This patient sustained an injury on 4/19/12 while employed by [REDACTED]. Request(s) under consideration include Topical Compound Cyclobenzaprine 2%, Flurbiprofen 20% 240gms and Topical Compound Capsaicin 0.025%, Flurbiprofen 15% Tramadol 15% Menthol 2% Camphor 2% 240gms. The patient continues to treat for chronic ongoing symptoms. Report of 4/11/14 from the provider noted the patient with occasional headaches and right shoulder pain rated at 4-5/10; a symptom persists relieved by medications, improving sleep. Exam of right shoulder showed rotator cuff tendon tenderness, supraspinatus attachment sites; full range of motion with pain. Treatment included medication refills and functional capacity evaluation. The request(s) for Topical Compound Cyclobenzaprine 2%, Flurbiprofen 20% 240gms and Topical Compound Capsaicin 0.025%, Flurbiprofen 15% Tramadol 15% Menthol 2% Camphor 2% 240gms was denied on 6/10/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2%, Flurbiprofen 20% 240gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics - Non-steroidal anti-inflammatory agents- topic.

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

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with persistent pain without noted contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded muscle relaxant and anti-inflammatory over oral formulation for this chronic injury of 2012 without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury without improved functional outcomes attributable to their use. The Topical Compound Cyclobenzaprine 2%, Flurbiprofen 20% 240gms is not medically necessary.

Capsaicin 0.025%, Flurbiprofen 15% Tramadol 15% Menthol 2% Camphor 2% 240gms:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics - Non-steroidal anti-inflammatory agents- topic.

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

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with persistent pain without noted contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded topical over oral formulation for this chronic injury of 2012 without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of this topical compound for this chronic injury without improved functional outcomes attributable to their use. It is also unclear why the patient is being prescribed 2 concurrent topical anti-inflammatories posing an increase risk profile without demonstrated extenuating circumstances and indication. The Topical Compound Capsaicin 0.025%, Flurbiprofen 15% Tramadol 15% Menthol 2% Camphor 2% 240gms is not medically necessary.