

Case Number:	CM14-0109312		
Date Assigned:	08/01/2014	Date of Injury:	01/01/2003
Decision Date:	09/18/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/14/2014

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 has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 59-year-old male, who reported an injury on 01/01/2003 due to while pulling a cord the pulley fell onto his right shoulder. The injured worker's diagnoses are cervical disc, bilateral shoulder strain and sprain, cephalgia. The injured worker's prior diagnostics include a cervical X-Ray, an MRI of the cervical spine and an MRI of the right shoulder. The prior treatments include physical therapy. There was no documented surgical history. The injured worker complained of having spasms and swelling of the neck that radiated to the shoulders and hands with numbness and tingling. Pain was worse on neck bending, neck motion, sitting, pushing, pulling, and overhead reaching. Physical examination dated 05/27/2014 revealed tenderness to palpation at C3-7 as well as the bilateral acromioclavicular subacromial bursa. It was noted the injured worker had decreased range of motion. The provider's treatment plan was to hold all medications. A request was submitted for Ketoprofen cream, Flurbiprofen, Capsaicin, menthol and camphor cream. The rationale for request was not provided with documentation submitted. The Request for Authorization form was not provided with documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen Cream 120 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Neck and Upper Back Complaints, Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic, Non-steroidal antiinflammatory agents Page(s): 111-112.

Decision rationale: The request for 1 Container of Ketoprofen Cream 120 mg is not medically necessary. CA MTUS Guidelines state the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Ketoprofen is not currently FDA approved for a topical application. The clinical information provided fails to provide the efficacy of the medication to support continuation. The request as submitted did not provide the frequency at which the medication was to be applied. Therefore, given the lack of guideline support and efficacy, the request is not supported. As such, the request for 1 Container of Ketoprofen Cream 120 mg is not medically necessary.

Flurbiprofen, Capsaicin, Menthol and Camphor Cream 120 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Neck and Upper Back Complaints, Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical page(s) 28, Topical Analgesic, Non-steroidal antiinflammatory agents Page(s): 111-112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://en.wikipedia.org/wiki/Menthol>.

Decision rationale: The request for 1 Container of Flurbiprofen, Capsaicin, Menthol and Camphor Cream 120 mg is not medically necessary. CA MTUS Guidelines state Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis). Menthol has local anesthetic and counterirritant qualities, and it is widely used to relieve minor throat irritation. CA MTUS Guidelines state 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. Indications for topical non-steroidal antiinflammatory agents (NSAIDs) include Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The clinical information submitted for review did not provide evidence of the injured worker being intolerant to other treatments or not responding to other treatments to support the use of topical Capsaicin. There was a lack of information provided indicating the injured worker has osteoarthritis to support the necessity of the requested flurbiprofen. The information provided did not document the efficacy of this medication to support continuation and the request as submitted failed to provide the frequency of the medication and the area of the

body it is to be applied. As such, the request for 1 Container of Flurbiprofen, Capsaicin, Menthol and Camphor Cream 120 mg is not medically necessary.