

Case Number:	CM14-0012998		
Date Assigned:	02/24/2014	Date of Injury:	11/11/2008
Decision Date:	08/07/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/31/2014

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 injured worker is a 67-year-old male with a 11/11/08 date of injury. The mechanism of injury was not provided. In a 12/30/13 progress note, the patient complained of stabbing right wrist pain rated at a 6-7/10 on a pain scale of 0-10. He also complained of weakness, numbness, tingling, and pain radiating to the hand and fingers. He also complained of burning, radicular low back pain and muscle spasm. He rated the pain as 8/10 on a pain scale of 0-10. The pain radiated to the bilateral lower extremities, associated with numbness and tingling. The patient is status post right hip surgery with residual pain, associated with muscle spasms, he rated the pain as 5-6/10 on a pain scale of 0-10. Objective findings: tenderness to palpation at the triangular fibrocartilage complex and over the carpal bones of the wrist, tenderness to palpation at the bilateral PSISs, sensation upon pin-wheel examination is slightly diminished over the L4, L5, and S1 dermatomes in the bilateral lower extremities. Diagnostic impression: Right wrist TFCC tear, Right wrist osteoarthritis, Lumbago, Lumbar spine HNP, Lumbar spine radiculopathy, Status post right hip surgery with residual pain. Treatment to date: Medication management, activity modification. A utilization review (UR) decision denied the requests for Flurbiprofen cream, Capsaicin cream, and Menthol cream. The date of the UR decision and the rationales for denial were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009, Topical Analgesics, Compounded.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen cream is not mentioned in any of the reports reviewed. A specific rationale identifying why Flurbiprofen cream would be indicated in this patient despite lack of guideline support was not identified. Therefore, the request for Flurbiprofen cream is not medically necessary.

CAPSAICIN CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009, Topical Analgesics, Compounded.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin Page(s): 28-29.

Decision rationale: CA MTUS states that topical capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The strength of Capsaicin is not noted in this request. Guidelines do not support the use of capsaicin greater than 0.025% in a topical formulation. Furthermore, there is no documentation of the use of Capsaicin cream in the reports reviewed. Therefore, the request for Capsaicin cream is not medically necessary.

MENTHOL CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009, Topical Analgesics, Compounded.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:<http://www.drugs.com/cdi/menthol-cream.html>.

Decision rationale: An online search revealed that Menthol Cream is a topical analgesic used to relieve minor pain caused by conditions such as arthritis, bursitis, tendonitis, muscle strains or sprains, backache, bruising, and cramping. There is no documentation in the reports reviewed that the patient is using Menthol Cream. The doctor does not discuss the use of Menthol Cream for this patient and does not provide a rationale as to why the patient is using it. Therefore, the request for Menthol Cream is not medically necessary.