

<b>Case Number:</b>	CM14-0113349		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/15/2012
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 53 year old female who reported an injury on 02/15/2012, related to a fall. Diagnoses included lumbar sprain/strain, left shoulder, left wrist, and hand sprain/strain, rotator cuff tendonitis, left knee meniscal tear, and chondromalacia. The past treatments included physical therapy, NSAIDs, TENS treatment, lumbar spine brace, arthroscopic right knee surgery, steroid and Orthovisc injections to the right knee, and medial branch and epidural blocks to her low back. An MRI of the right knee showed minimal arthritic changes. An MRI of the right shoulder revealed rotator cuff tendonitis and acromioclavicular osteoarthritis; both were dated 01/23/2014. Surgical history included a right knee meniscectomy. The progress note dated 05/13/2014, noted the injured worker complained of frequent left shoulder pain radiating down her arm rated 7/10, frequent low back pain radiating to her knees rated 7-8/10, and constant bilateral knee pain rated 8-9/10. The physical exam revealed painful and decreased range of motion to the left shoulder, slightly decreased range of motion to the lumbar spine and painful range of motion to her knees. Medications included ibuprofen 800mg #90, and Prilosec. The treatment plan included recommendations for a consult with the injured worker's knee surgeon, and a urine toxicology screening. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.025% / Flurbiprofen 30% / Methyl Salicylate 4%: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The request for capsaicin 0.025% / flurbiprofen 30% / methyl salicylate 4% is not medically necessary. The injured worker has back pain, joint pain, and indication of osteoarthritis to her knees and right shoulder. The California MTUS guidelines recommend capsaicin 0.025% for treatment of osteoarthritis in patients who have not responded to other treatments. Topical NSAIDs are recommended for osteoarthritis and tendonitis of the knee and elbow. There is little evidence to indicate efficacious treatment of osteoarthritis of the spine, hip or shoulder. The evidence based guidelines do not recommend the use of any compounded product that contains at least one drug (or drug class) that is not recommended. The guidelines note methyl salicylate is significantly better than placebo in chronic pain. The injured worker has had multiple treatment modalities to each site without relief. The injured worker had knee, shoulder, and back pain. The location intended for treatment as well as the frequency at which the medication is to be used were not included to determine medical necessity. As such, the request is not medically necessary.

**Flurbiprofen 30% / Tramadol 20%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: B LeBon, G Zeppetella, IJ Higginson (2009). Effectiveness of topical administration of opioids in palliative care: a systematic review. Journal of pain and symptoms-Elsevier.

**Decision rationale:** The request for flurbiprofen 30% / tramadol 20% is not medically necessary. The injured worker had back pain, joint pain, and indication of osteoarthritis to her knees and right shoulder. The California MTUS guidelines recommend topical NSAIDs for osteoarthritis and tendonitis of the knee and elbow. There is little evidence to indicate efficacious treatment of osteoarthritis of the spine, hip or shoulder. Peer reviewed literature states that there is a deficiency of higher quality evidence on the role of topical opioids and that more robust primary studies are required to inform practice recommendations. The evidence based guidelines do not recommend the use of any compounded product that contains at least one drug (or drug class) that is not recommended. The injured worker had knee, shoulder, and back pain. Peer reviewed literature does not recommend opioids for topical application. As the guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended, the medication would not be indicated. The location intended for treatment as well as the frequency at which the medication is to be used were not included to determine medical necessity. As such, the request is not medically necessary.

