

Case Number:	CM14-0130794		
Date Assigned:	08/20/2014	Date of Injury:	12/27/2013
Decision Date:	09/23/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/15/2014

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 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 48 year old female who reported a date of injury of 12/27/2013. The mechanism of injury was reported as a fall. The injured worker had diagnoses of a work related slip/fall, left ankle fracture, status post open reduction and internal fixation (ORIF), Left shoulder/trapezius strain and lumbar strain. Prior treatments included physical therapy and a compo brace Surgeries included right ankle ORIF. Diagnostic studies included x-rays. The injured worker had complaints of intermittent moderate left shoulder pain, intermittent to frequent moderate low back pain that radiated to the left leg/foot with numbness/tingling, and intermittent moderate left ankle pain with swelling, numbness and weakness from the ankle to the toes. The clinical note dated 06/20/2014 indicated the injured worker had tenderness to palpation to the left shoulder, muscle spasms, and guarding. The injured worker had increased tone and tenderness to the paralumbar musculature with tenderness at the midline thoraco-lumbar junction and at the L4-5 and L5-S1 facets with muscle spasms. Medications included Oxycodone, Hydrocodone, Advil and Naprosyn. The treatment plan included physical therapy to the lumbar spine and left ankle, electromyogram (EMG) and nerve conduction velocity (NCV) of the lower extremities and to continue medications. The rationale and request for authorization form were not provided within the medical records received.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin0.025%, Flurbiprofen 15% Tramadol 15%, Menthol 2% Camphor240g: 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 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 Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 240g is not medically necessary. The injured worker had complaints of intermittent moderate left shoulder pain, intermittent to frequent moderate low back pain that radiates to the left leg/foot with numbness/tingling and intermittent moderate left ankle pain with swelling, numbness and weakness from the ankle to the toes. The California MTUS guidelines indicate topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment 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. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments and is indicated for osteoarthritis, fibromyalgia, and chronic non-specific back pain. 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. There is a lack of documentation indicating the injured worker has a diagnosis of osteoarthritis and tendinitis to a joint that is amenable to topical treatment. There is no indication that the injured worker has not responded to or has been intolerant of other treatments. Peer reviewed literature does not recommend the use of opioid medications for topical application. As the guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the medication would not be indicated. Additionally, the request as submitted did not specify site of application or frequency of use. As such, the request is not medically necessary.

Flurbiprofen 25%, Lidocaine 10% 10gm Topical cream, Compound Administration:
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): 111-112.

Decision rationale: The request for Flurbiprofen 25%, Lidocaine 10% 10gm Topical cream, compound administration is not medically necessary. The injured worker had complaints of intermittent moderate left shoulder pain, intermittent to frequent slight moderate low back pain that radiates to the left leg/foot with numbness/tingling and intermittent moderate left ankle pain with swelling, numbness and weakness from the ankle to the toes. The California MTUS

guidelines indicate topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment 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. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. There is a lack of documentation indicating the injured worker has a diagnosis of osteoarthritis and tendinitis to a joint that is amenable to topical treatment. The guidelines note Lidocaine in cream form is not recommended for topical application. As the guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the medication would not be indicated. Additionally, the request as submitted did not specify site of application or frequency of use. As such, the request is not medically necessary.