

Case Number:	CM14-0150147		
Date Assigned:	09/18/2014	Date of Injury:	02/10/2010
Decision Date:	10/21/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/15/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 patient is a 56-year-old male who has submitted a claim for sprain of neck, associated with an industrial injury date of 02/10/2010. Medical records from January 2014 to August 2014 were reviewed. The patient complained of generalized body pain. He was stated to have been in constant work-related stress. It reached the point where he had symptoms of a panic attack. He had to stop work because of that. He was seen by an orthopedist and was sent to a rheumatologist, who said that the patient developed fibromyalgia syndrome. Physical examination of the cervical and lumbar spine revealed limited range of motion to about 50% less from the normal. There was also tenderness in the small joints of the fingers. Magnetic Resonance Imaging (MRI) of the left knee, dated January 2013, revealed tear of the lateral meniscus. Electromyogram (EMG) of the proximal and distal muscles of both upper and lower extremities was normal. Treatment to date has included Wellbutrin, Savella, ibuprofen, lumbar epidural injections, Turmeric cream/lotion, psychotherapy, and activity restrictions. Utilization review from August 29, 2014 denied the request for 180gm Cyclobenzaprine 2% Flurbiprofen 25% and 180gm Capsaicin 00.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2% Camphor 2%. Guidelines do not support the topical use of muscle relaxants. Topical agents are deemed largely experimental in use. There is little to no research to support the use of many of these agents.

IMR ISSUES, DECISIONS AND RATIONALES

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

180gm Capsaicin 00.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2% Camphor 2%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Capsaicin Page(s): 111-113, 28-29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Topical Salicylates

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. In addition, there is little to no research as for the use of Flurbiprofen in compounded products. The ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contains menthol and capsaicin, may in rare instances cause serious burns. The MTUS Chronic Pain Medical Treatment Guidelines, page 28, states that topical Capsaicin is only recommended as an option if there is failure to respond or intolerance to other treatments. The guideline states there is no current indication that an increase over a 0.025% formulation of capsaicin would provide any further efficacy. The guidelines indicate that gabapentin is not recommended as a topical agent and it does not address camphor. In this case, the patient has been prescribed topical cream as adjuvant therapy to oral medications. The requested compounded product contains Flurbiprofen and gabapentin, which are not recommended for topical use. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Therefore, the request 180gm Capsaicin 00.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2% Camphor 2%, is not medically necessary.