MAXIMUS Federal Services

Case Number:	CM14-0157097		
Date Assigned:	09/30/2014	Date of Injury:	10/20/2011
Decision Date:	10/30/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/25/2014

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 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 50-year-old male who sustained an injury on 10/20/11. As per 7/1/14 report the patient presented with complaints of neck pain radiating to the left upper extremity. On 9/2/14 the patient reported the same symptoms and objective findings revealed tenderness to palpation over the paraspinal musculature. There was left thenar atrophy and he was assessed to have double crush phenomenon. Nerve conduction studies and EMGs of the upper extremities indicated C7 radiculopathy. Cervical MRI revealed C7 to T1 disc herniation. The patient is currently on hydrocodone/APAP and Cyclobenzaprine. Previous treatments have included physical therapy, chiropractic care and medications. The patient has good benefit with present medications. Left carpal tunnel release followed by anterior cervical discectomy and fusion was recommended. Diagnoses include cervical spine herniated nucleus pulposus, left wrist carpal tunnel syndrome, right wrist osteoarthritis, left wrist triangular fibrocartilage tear, and left middle finger trigger finger. The request for Flurbiprofen/Capsaicin/Camphor 10/0.025%/2%/1% (120gm) was denied on 9/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Capsaicin/Camphor 10/0.025%/2%/1% (120gm): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

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

Decision rationale: According to the CA MTUS guidelines, topical analgesics are an option with specific indications, many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents, as they are largely experimental. There is no research based evidence to demonstrate the long term efficacy of topical NSAIDs. The CA MTUS/ODG states that the only NSAID that is FDA approved for topical application is diclofenac (Voltaren 1% Gel); Fluriprofen is not approved for topical use. Topical analgesics Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. In the absence of documented failure of other medication and any significant treatment intolerance, the Flurbiprofen/Capsaicin/Camphor 10/0.025%/2%/1% (120gm) is not medically necessary according to the guidelines.