

Case Number:	CM14-0164284		
Date Assigned:	10/09/2014	Date of Injury:	09/10/2008
Decision Date:	12/03/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/06/2014

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 Emergency 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:

Patient with reported date of injury on 9/10/2008. No mechanism of injury was provided for review. Patient has a contradictory diagnosis from chiropractor and internal medicine notes. Chiropractor documents diagnosis of chronic cervical spine, bilateral shoulder, thoracic spine, bilateral elbow, lumbar spine, bilateral hand/wrist, bilateral knee and bilateral ankle/foot sprain; myalgia, cephalgia and depression. Internist documents cervical and lumbar sprain, bilateral shoulder impingement syndrome/tendonitis, bilateral elbow and wrist sprain. Medical reports reviewed. Last report available until 4/21/14. There were no provided records closer to the original prescription date provided for review. There is no documentation of any complaints. Only noted "does not need refill of his medications". Objective exam notes dorsal spine pain and spasms with decreased range of motion of spine with tenderness from C5-C7 and L4-S1 region. Positive straight leg raise and mild tenderness to both shoulders and no imaging reports were provided for review. No medication list was provided for review. Only noted "compounded cream" and naproxen. Patient has reportedly undergone chiropractic. Independent Medical Review is for (Retro-prescribed 1/31/2014) Capsaicin 0.025%/Flurbiprofen 15%/Tramadol 15%/Menthol 2%/Camphor 2% #240g. Prior UR on 9/19/14 recommended denial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Med Retro Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% 240gms: Upheld

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

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

Decision rationale: As per MTUS guidelines "Any compound product that contains a drug or drug class that is not recommended is not recommended." 1) Capsaicin: Data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective. There is no documentation of treatment failure or a successful trial of capsaicin. It is not recommended. 2) Flurbiprofen: Topical NSAIDs are shown to be superior to placebo. It should not be used long term. It may be useful. Flurbiprofen is not FDA approved for topical application. There is no justification by the provider as to why the patient requires a non-FDA approved compounded NSAID when there are multiple other approved products including over the counter medications on the market. Flurbiprofen is not medically necessary. 3) Tramadol is not FDA approved for topical use. There is no evidence for efficacy as a topical product. 4) Camphor/Menthol: Non active fillers that may have some topical soothing properties. Not a single component of this compounded product is recommended. Therefore this compounded cream is not medically necessary. 4) Camphor/Menthol: Non active fillers that may have some topical soothing properties. Not a single component of this compounded product is recommended. This compounded cream is not medically necessary.