MAXIMUS Federal Services

Case Number:	CM14-0173612		
Date Assigned:	10/24/2014	Date of Injury:	12/05/2013
Decision Date:	12/12/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/21/2014

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 Neuromuscular Medicine, and is licensed to practice in Maryland. 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 43 year old female who had a work injury dated 12/5/13. The diagnoses include headaches; sprain of ligaments of cervical spine; rule out other cervical disc displacement unspecified cervical region; radiculopathy, cervical region; bilateral shoulder Unspecified sprain of unspecified shoulder joint; abdominal pain; sleep disorder, unspecified. Under consideration are requests for compounded medication: (Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2%) 3 times daily, 210g. There is a 1/7/14 progress note that states that on exam the patient patient complains of pain in the neck with muscle spasms and bilateral shoulder pain, with abdominal pain and sleep disturbance. She has tenderness to palpation at the suboccipital region as well as over both scalene and trapezius muscles and decreased cervical range of motion. There is tenderness at the delta-pectoral groove and at the insertion of the supraspinatus muscle and decreased shoulder range of motion. There is tenderness to palpation over the carpal bones and over the thenar and hypothenar eminence bilaterally. There is decreased bilateral wrist range of motion. Sensation to pinprick and light touch is slightly diminished over the C5, C6, C7, C8, and T1 dermatomes in the bilateral upper extremities. Motor strength is 4/5 in all the represented muscle groups in the bilateral upper extremities. Deep tendon reflexes are 2+ and symmetrical in the bilateral upper extremities. Vascular pulses are 2+ and symmetrical in the bilateral upper extremities. The treatment plan included numerous medications, EMG/NCS; X-rays of the cervical spine, right and left shoulder and right and left wrist TENS Unit with supplies for home use and Hot/cold Unit are requested for the patient; physical therapy and acupuncture treatment for the cervical spine, bilateral shoulders and bilateral wrists in a frequency of 3 times per week for a period of 6 weeks; an MRI scan of the cervical spine, right and left shoulder and right and left wrist; an EMG/NCV study of the right

and left upper extremity; Terocin patches for pain relief are requested for the patient. Per documentation there is an 8/12/14 progress note that states that the patient complained of pain to the neck with muscle spasms and bilateral shoulder pain, with abdominal pain and sleep disturbance. Exam showed cervical and bilateral shoulder tenderness. Range of motion of the cervical spine was flexion 45 degrees, extension 50 degrees, left rotation 70 degrees, right rotation 65 degrees, left lateral flexion 40 degrees and right lateral flexion 35 degrees. Sensation to pinprick and light touch was slightly diminished over the C5, C6, C7, C8 and T1 dermatomes in the bilateral upper extremities. Motor strength was 4/5 in all the represented muscle groups in the bilateral upper extremities. Deep tendon reflexes were 2+ and symmetrical in the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded medication: (Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2%) 3 times daily, 210g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Pain, Topical analgesics

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

Decision rationale: Compounded medication: (Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2%) 3 times daily, 210g is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The guidelines do not support topical Tramadol. Menthol and Camphor are ingredients in Ben Gay which is a methyl Salicylate and supported by the MTUS. The guidelines state that topical NSAIDs (such as Flurbiprofen) are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended 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. The documentation does not indicate intolerance to oral medications. The request does not specify what body part the compounded medication will be applied but the documentation indicates spine and shoulder pain which are not indications for topical NSAIDs as there is little evidence to support use for these areas. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The documentation does not indicate any reason to deviate from these guidelines. Therefore, the request for compounded medication: (Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2%) 3 times daily, 210g is not medically necessary.