

Case Number:	CM14-0182543		
Date Assigned:	11/07/2014	Date of Injury:	03/08/2010
Decision Date:	12/11/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/03/2014

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 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 58 year old male who had a work injury dated 3/8/10. The diagnoses include lumbago; cervicalgia; myofascial pain syndrome/fibromyalgia. Under consideration are requests for prospective usage of Flurbiprofen/Capsaicin. There is a progress note dated 10/20/14 that states that the patient has neck pain and headaches. On exam her cervical spine was tender with decreased flexion, decreased extension and decreased rotation. There is tenderness around the cervical spine, thoracic spine, lumbar spine, with facet joint, decreased flexion, decreased extension and decreased lateral bending. The medications include Oxycontin; Flurbiprofen 25%-Capsaicin 0.0275% Cream; Terocin Lotion; Valium; oxycodone; Topamax and Ativan. The treatment plan includes to continued medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Usage of Flurbiprofen/Capsaicin: 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: Prospective Usage of Flurbiprofen/Capsaicin 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 state that topical NSAIDs can be used in 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. The documentation does not indicate intolerance to oral medications or evidence of failure of other treatments. The request does not indicate a quantity. For all of these reasons prospective usage of Flurbiprofen/Capsaicin is not medically necessary.