

Case Number:	CM14-0024006		
Date Assigned:	06/11/2014	Date of Injury:	03/24/2011
Decision Date:	07/15/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/25/2014

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 Rehabilitation, and is licensed to practice in Texas. 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 66-year-old female with a reported date of injury on 03/24/2011. The mechanism of injury was due to a fall on uneven pavement. Her diagnoses were noted to include lumbar disc protrusion, lumbar muscle spasm, lumbar radiculopathy, lumbosacral sprain/strain, right knee internal derangement, right knee meniscus tear, right knee sprain/strain, left knee internal derangement, left knee meniscus tear, left knee sprain/strain, anxiety and depression. Her previous treatments were noted to include aqua therapy, cortisone injections, physical therapy, neuroplasty, medial branch blocks, cane, orthotics and medications. The injured worker complained of pain to her lumbar spine, right bilateral wrists, and bilateral knees, and a complaint of loss of sleep due to pain. The physical examination showed trigger points of paraspinals bilaterally of the lumbar spine, and the ranges of motions were decreased and painful. There was tenderness to the palpation of the lumbar paravertebral muscles, and muscle spasms, and sitting straight leg was positive. The bilateral wrists ranges of motions were painful but full but she had full range of motion. The range of motion to the bilateral knees was decreased and painful. The request for authorization form dated 03/27/2014 is for flurbiprofen 250 gm and capsaicin 240 gm, the provider did not submit his rationale within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAPSAICIN 240 GRAMS: 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): 111-112.

Decision rationale: The injured worker has been taking this medication since at least March of 2014. The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely with few randomized control trials to determine efficacy or safety. The guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. The guidelines state the efficacy in clinical trials for topical NSAIDs (non-steroidal anti-inflammatory drugs) has been inconsistent and most studies are small and of short duration. According to the guidelines, one investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for four to twelve weeks. In this study, the effect appeared to diminish over time and it was stated that further research was required to determine if results were suitable for all preparations. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. The guidelines also state there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder, and it is not recommended as there is no evidence to support use for neuropathic pain. Therefore, the guidelines do not recommend topical NSAIDs for use due to lack of research regarding efficacy and safety. The guidelines state any compounded product that has at least one drug (or drug class) that is not recommended, is not recommended. The request for Capsaicin 240 grams is not medically necessary or appropriate.

FLURIPROFEN 240 GRAMS: 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): 111-112.

Decision rationale: The injured worker has been taking capsaicin since at least March of 2014. The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state there is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. The guidelines state capsaicin is recommended only as an option in injured workers who have not responded or are intolerant to other treatments. Capsaicin is primarily available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.074% formulation (primarily studied for postherpetic neuralgia, diabetic neuropathy, and post mastectomy pain). The guidelines state there have been

no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. There is a lack of documentation regarding the diagnosis for use of capsaicin, the request failed to provide the formulation of capsaicin as well as the frequency to which this medication will be utilized. The request for Flurbiprofen 240 grams is not medically necessary or appropriate.