

Case Number:	CM14-0029290		
Date Assigned:	06/20/2014	Date of Injury:	08/01/2007
Decision Date:	07/21/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/07/2014

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 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 44-year-old male who reported an injury on 08/01/2007 due to a fall. The clinical note dated 01/14/2014 noted the injured worker presented with constant pain in the neck with radiation into the left shoulder, causing numbness and tingling, as well as a burning sensation in the left arm. Prior treatment included a tens interferential unit, Lisinopril, and Norco. Upon examination of the cervical spine, there was left paravertebral tenderness and left trapezius tenderness noted. Range of motion values for the cervical spine were 30 degrees of forward flexion, 10 degrees in extension, 22 degrees of left lateral flexion, 27 degrees of right lateral flexion, 40 degrees of left rotation, and 65 degrees of right rotation. Unofficial x-ray of the cervical spine revealed an anterior cervical fusion at C5-6 with hardware in place. The diagnoses were work related injury, cervical spine, status post C5-6 anterior cervical fusion with adjacent segment C4-5 and C6-7 disease and possible left upper extremity radiculopathy. The provider recommended compound capsaicin, compound flurbiprofen, and NSAIDs. The rationale given for the compound medications were to manage and control pain in conjunction with the use of NSAID medications and to decrease inflammation. The request for authorization form was dated 04/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Capsaicin .0378%/Menthol 10%/ Camphor 2.5 %/Tramadol 20% 240 gm,
QTY: 1: 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-Capsaicin Page(s): 111.

Decision rationale: The California MTUS state transdermal compounds are largely experimental in use with few randomized, controlled trials to determine efficacy or safety. Topical analgesia are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that many agents, such as NSAIDs, opioids, capsaicin, local anesthetics, and antidepressants are compounded for pain control, but there is little to no research to support the use of many of these agents. Additionally, any compounded product that contains at least one drug that is not recommended is not recommended. The guidelines note that capsaicin is recommended only as an option for injured workers who have not responded or are intolerant to other treatments. The provided documentation did not indicate that the injured worker was intolerant to or not responsive to other treatments, to warrant the use of capsaicin. As the guidelines do not recommend the use of tramadol for topical application due to insufficient evidence, and topical capsaicin is also not supported based on lack of documentation regarding response to first-line treatments, the requested topical compound would also not be indicated. Further, the provider's request did not indicate the frequency of the medication or the site that the compound cream was indicated for. Therefore, the request for compound capsaicin .0378%/menthol 10%/ camphor 2.5 %/tramadol 20% 240 gm, qty: 1 is not medically necessary.

Compound Flurbiprofen 20%/ Diclofenac 10% 240 gm, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics-Voltaren Gel (Diclofenac).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

Decision rationale: The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. The guidelines note that topical NSAIDs are recommended for osteoarthritis and tendinitis in particular that of the knee and elbow or other joints that are amenable to topical treatment. It is recommended for short-term use (4 to 12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. The injured worker's diagnosis was not congruent with the guideline recommendations for topical NSAIDs. The provider's request for flurbiprofen did not include the site at which the cream was intended for or the frequency of the medication. Therefore, the request for compound Flurbiprofen 20%/ Diclofenac 10% 240 gm, QTY: 1 is not medically necessary.

NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Medications, QTY: 1:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 70.

Decision rationale: The California MTUS Guidelines recommend the use of NSAIDs for injured workers with osteoarthritis including knee and hip and injured workers with acute exacerbation of chronic low back pain. The guidelines recommend NSAIDs at the lowest dose for the shortest period in injured workers with moderate to severe pain. Acetaminophen may be considered for initial therapy for injured workers with mild to moderate pain and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. In injured workers with acute exacerbation of chronic low back pain, the guidelines recommend NSAIDs as an option for short-term symptomatic relief. The provider's request did not include the specific NSAID that is being requested, the frequency, or the dose of the medication. Therefore, the request for NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) Medications, QTY: 1 is not medically necessary.