MAXIMUS Federal Services

Case Number:	CM14-0032129		
Date Assigned:	04/09/2014	Date of Injury:	02/15/2010
Decision Date:	09/24/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/06/2014

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 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 60-year-old male with a work injury dated. The diagnoses include lumbar disc syndrome; lumbar spine degenerative disc disease; sciatica (bilateral lower extremities down to foot); Grade 1 spondylolisthesis (L4-L5), bilateral foraminal stenosis (L2-L3, L3-L4, and L4-L5), left shoulder sprain/strain; bilateral elbow/forearm sprain/strain; left wrist sprain/strain. Under consideration is a request for compound: Capsaicin 0.025%, Flurbiprofen 15%; Tramadol 15%; Menthol 2%; Camphor 2% 240 gram. There is a primary treating physician report dated 1/15/14 that states that the patient presents with complaints of left shoulder pain rated 7/10, left elbow pain rated 6/10, right forearm pain rated 6/10, and left wrist pain rated 7/10, on a numerical pain scale. He reports that his left wrist is swollen. In addition, he complains of lower back pain rated 7/10, which radiates to the right and left foot associated with numbness and tingling. He states that pain is worse with standing, crouching, sitting, prolonged walking movements of greater than 20 minutes, as well as when walking on uneven surfaces. The patient is currently taking Theramine and Vicodin to alleviate pain symptoms. On exam, all active shoulder ranges of motion are limited due to pain. Positive Neer test and Speed's test are noted on the left. Negative Impingement test, Hawkins-Kennedy test, and empty can-supraspinatus test is noted on the left. The elbow exam revealed a negative Mills Lateral Epicondylitis test, Cozen's test, Tinel's test, and elbow flexion test are noted bilaterally. Negative Phalen's sign and Tinel's sign are noted bilaterally. All active lumbar ranges of motion are limited due to pain. Positive Kemp's test and lumbar facet test are noted bilaterally. Positive straight leg raising test at 30 degrees is noted on the right. Positive Braggard's test is noted on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND: CAPSAICIN 0.025%, FLURBIPROFEN 15%, TRAMADOL15%, MENTHOL 2%, CAMPHOR 2% 240GM: 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: Compound: Capsaicin 0.025%, Flurbiprofen 15%; Tramadol 15%; Menthol 2%; Camphor 2% 240 gram is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS guidelines state that there is little evidence to support the use of topical NSAIDS (flurbiprofen is an NSAID) for the treatment of osteoarthritis of the spine, hip, or shoulder. Menthol is not specifically addressed in the MTUS menthol is present in Ben Gay which is recommended by the MTUS. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments.The MTUS does not support topical opiates/Tramadol.). The guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Furthermore the guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended.The documentation does not reveal that the patient is intolerant to oral medications. Due to the fact that the MTUS does not support several of the ingredients in this compound and the fact there is little evidence to support the use of many topical analgesics the request for Compound: Capsaicin 0.025%, Flurbiprofen 15%; Tramadol 15%; Menthol 2%; Camphor 2% 240 gram is not medically necessary.