MAXIMUS Federal Services

Case Number:	CM14-0035819		
Date Assigned:	06/23/2014	Date of Injury:	05/27/2012
Decision Date:	07/29/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/24/2014

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 36-year-old male who reported an injury on 05/27/2012. The mechanism of injury was not provided within the medical records. The clinical note dated 05/16/2014 indicated diagnoses of lumbar spine radiculitis, lumbar spine disc protrusions, lumbar spine spondylisthesis, cervical spine radiculitis, cervical spine disc bulge, bilateral wrist sprain/strain, bilateral wrist possible triangular fibrocartilage complex tears, and mild spasm. The injured worker reported upper back, low back, bilateral wrist pain. The injured worker reported upper back pain rated as mild to occasionally moderate that radiated to either upper extremity; however, he denied any weakness of upper extremities. The injured worker reported numbness and tingling on the right side of the neck and he reported twisting, turning, and bending causing increased pain. The injured worker reported 09/09/2013 he had an epidural injection. He reported that it helped decrease his pain. The injured worker reported his pain was 6/10 and with that injection it was now a 3/10. The injured worker reported minimal radiation and weakness of his legs. The injured worker complained of persistent bilateral wrist pain, rated as mild to occasionally moderate, with numbness and tingling in his hands and feet. The injured worker reported his pain was well controlled with medication and denied any side effects. On physical examination of the cervical spine, there was tenderness at the spinous process from C5-7 and tenderness with spasms of the upper trapezius muscles. The injured worker also has limited range of motion secondary to pain. Physical examination of the lumbar spine revealed tenderness to palpation with spasms in the lumbar paraspinal and limited range of motion secondary to pain. Examination of the wrist and hands revealed normal range of motion; however, positive Finkelstein's bilaterally with decreased grip strength bilaterally. The injured worker's prior treatments included diagnostic imaging, surgeries, and medication management. The injured worker's medication regimen included tramadol, naproxen, Prilosec, and

capsaicin/flurbiprofen/tramadol/menthol/camphor. The provider submitted request for topical compound (capsaicin/flurbiprofen/tramadol/menthol/camphor) and a urine drug screen. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Compound 240 Grams of Capsaicin 0.025% Flurbiprofen 15% Tramadol 15% Methol 2% Camphor: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability GuidelinesNational Guidelines Clearinghouse.

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

Decision rationale: The request for Topical Compound 240 Grams of Capsaicin 0.025% Flurbiprofen 15% Tramadol 15% Methol 2% Camphor is non-certified. The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also indicate any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines state that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. Flurbiprofen is an NSAID indicated for Osteoarthritisand tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment and 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 guidelines also state topical NSAIDS are not recommended for neuropathicpain as there is no evidence to support use. There is a lack of evidence to indicate trials of antidepressants and anticonvulsants have failed. In addition, the documentation submitted did not indicate the injured worker had findings that would support he was at risk for postherpetic neuralgia, diabetic neuropathy, or postmasectomy pain. Furthermore, flurbiprofen is indicated for osteoarthritis and tendonitis of the knee and elbow and other joints. However, the documentation submitted did not indicate the injured worker had findings that would support he was at risk for osteoarthritis or tendonitis. In addition, there was a lack of documentation of efficacy and functional improvement with the use of this medication. Additionally, the request did not indicate a frequency or quantity for the medication. Moreover, there was a lack of quantified pain relief. Therefore, the request for topical compound 240 grams of capsaicin 0.025% flurbiprofen 15% tramadol 15% methol 2% camphor is non-certified.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test, May 2009, Opiates, steps to avoid misuse/addiction and Substance abuse (tolerance and addiction). Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non Terminal Pain, Including Prescribing Controlled Substances (May 2009), Page 32-33.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test Page(s): 43.

Decision rationale: The request for Urine Drug Screen is non-certified. The California MTUS guidelines recommend a urine drug test as an option to assess for the use or the presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of Opioids, for on-going management, and as a screening for risk of misuse and addiction. The documentation submitted did not indicate the injured worker displayed any aberrant behaviors, drug seeking behaviors, or whether the injured worker was suspected of illegal drug use. In addition, the injured worker received a urine drug test in February, April, and May which revealed negative opioid use. The provider did not indicate a rationale for the request. Therefore, the request for urine drug test is non-certified.