

Case Number:	CM14-0035958		
Date Assigned:	06/23/2014	Date of Injury:	05/30/2012
Decision Date:	12/26/2014	UR Denial Date:	03/11/2014
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 Occupational Medicine 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 patient is a 42-year-old female who has submitted a claim for lumbar sprain / strain, left shoulder internal derangement, and left lateral epicondylitis associated with an industrial injury date of 5/30/2013. Medical records from 2013 to 2014 were reviewed. The patient complained of low back pain rated 3/10 in severity with symptom relief noted from application of topical creams. The patient likewise reported left shoulder and left elbow pain. Physical examination showed muscle spasm of paralumbar muscles and left shoulder muscles, tenderness at left shoulder and left elbow, and positive Cozen's sign at the left. Treatment to date has included physical therapy, cortisone injections and medications. The utilization review from 3/11/2014 denied the requests for Capsaicin cream 240gm and Flurbiprofen cream 240gm because of limited published studies concerning its efficacy and safety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin cream 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 Capsaicin; Topical Analgesics Page(s): 28-29;111-113.

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. CA MTUS Chronic Pain Medical Treatment Guidelines identifies on page 28 that topical Capsaicin is only recommended as an option if there was failure to respond or intolerance to other treatments. The guideline states there is no current indication that an increase over a 0.025% formulation of capsaicin would provide any further efficacy. In this case, a topical cream is prescribed as adjuvant therapy to oral medications. The patient reported symptom relief from its use; however, there is no evidence of intolerance to oral pain medications to warrant its use. Moreover, the present request as submitted failed to specify dosage as Capsaicin in greater than 0.025% formulation is not guideline recommended. Therefore, the request for Capsaicin cream 240gm is not medically necessary.

Flurbiprofen cream 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: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Topical NSAIDs formulation is only supported for Diclofenac in the California MTUS. In addition, there is little to no research as for the use of Flurbiprofen in compounded products. In this case, a topical cream is prescribed as adjuvant therapy to oral medications. The patient reported symptom relief from its use; however, there is no evidence of intolerance to oral pain medications to warrant its use. Moreover, the guidelines do not recommend Flurbiprofen in topical formulation. Therefore, the request for Flurbiprofen cream 240gm is not medically necessary.