

Case Number:	CM14-0038645		
Date Assigned:	06/27/2014	Date of Injury:	10/24/2005
Decision Date:	08/19/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/02/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 52-year-old female who reported an injury on 10/24/2005. The mechanism of injury was not provided. Prior treatments included Terocin cream and Voltaren, as well as a right carpal tunnel release on 08/01/2012. The injured worker's medication history included the requested topical cream as of at least 09/2013. The documentation of 02/21/2014 revealed the injured worker had pain in her neck, shoulders, and bilateral wrists. The documentation indicated the injured worker had been taking Valium, Flurbiprofen, Menthol, and Capsaicin topical compound which helped relieve and reduce her symptoms. The diagnoses included thoracic and cervical spine musculoligamentous sprain, bilateral shoulder sprain with biceps tendonitis, bilateral medial epicondylitis elbows, and bilateral carpal tunnel syndrome. The treatment plan included to continue with a home exercise program, physical therapy and continue with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Medication: Flurbiprofen 25%-Menthol 10%-Camphor 3%-Capsaicin 0.0375% Topical Cream 30gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topical, Topical Analgesic, Topical Capsaicin, Flurbiprofen Page(s): 28, 72, 105, 111.

Decision rationale: The California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. 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. Additionally it indicates that Topical Salicylates are approved for chronic pain. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since at least 09/2013. While it was indicated the medication was beneficial, there was a lack of documentation of objective functional benefit and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for the compound medication is not medically necessary.