

Case Number:	CM14-0048474		
Date Assigned:	08/06/2014	Date of Injury:	06/25/2013
Decision Date:	10/02/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/16/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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 58-year-old right-handed woman who sustained a work-related injury on June 25 2013. Subsequently she developed right shoulder pain. According to a note dictated on October 14, 2013, the patient continued to have right anterolateral shoulder pain with a pain severity is rated 6/10. Her physical examination demonstrated preservation of range of motion of the cervical spine and tenderness in the right greater tuberosity region. Her right shoulder range of motion was reduced. She has positive right shoulder impingement sign. According to a note dated on February 26, 2014, the patient was complaining of right shoulder pain with reduced range of motion. The patient was placed post right shoulder surgery. Her physical examination demonstrated tenderness to palpation over the right trapezius with spasm. The patient was diagnosed with cervical spine sprain, lumbar spine strain, status post right shoulder surgery, anxiety, depression and insomnia. The provider requested authorization to use the topical analgesics mentioned below.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025%/ Flurbiprofen 15%/ Tramadol 15%/ Menthol 2%/ Camphor 2% 240gm:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The requested topical analgesic is formed by the combination of Capsaicin, Flurbiprofen, Tramadol, Menthol, and Camphor. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The topical analgesic contains Capsaicin not recommended by MTUS as a topical analgesic. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Therefore, the request for this topical analgesic is not medically necessary.

Flurbiprofen 25% / Cyclobenzaprine 2% 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation that all component of the prescribed topical analgesic is effective for the treatment of shoulder pain. There is no clear evidence that the patient failed or was intolerant to first line oral pain medications. Therefore, Flurbiprofen 25%, Cyclobenzaprine 0.2% cream is not medically necessary.