

Case Number:	CM14-0056271		
Date Assigned:	07/09/2014	Date of Injury:	06/29/2000
Decision Date:	09/30/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/25/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 68-year-old female who has submitted a claim for wrist pain, forearm pain, and lateral epicondylitis associated with an industrial injury date of 6/29/2000. Medical records from 11/26/2013 up to 3/3/2014 were reviewed showing continued pain in bilateral wrists and elbows, 9/10 in severity. Pain is aggravated by colder and damper weather. Medication helps with the pain. She takes minimal medicine at present. Left upper extremity examination showed bilateral forearm and wrist tenderness. Patient had positive Finkelstein, Phalen, and Tinel's signs bilaterally. Treatment to date has included Flurbiprofen-Capsaicin cream and Norco. Utilization review from 4/11/2014 denied the request for Flurbiprofen 25 % Capsaicin 0.0275% cream #120 grams. There was no documentation of any side effects or intolerance or ineffectiveness of oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25 % Capsaicin 0.0275% cream #120 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

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. In addition, there is little to no research as for the use of Flurbiprofen in compounded products. As stated on page 28, 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, the patient has been using the compounded cream since at least 11/2013. There is no indication that the patient cannot tolerate oral medications as evidenced by her intake of Norco. In addition the prescribed dosage of Capsaicin is over the recommended guideline of 0.025%. Moreover, Flurbiprofen is not recommended as a topical analgesic. Therefore the request for Flurbiprofen 25 % Capsaicin 0.0275% Cream #120gm is not medically necessary.