

Case Number:	CM14-0062790		
Date Assigned:	07/11/2014	Date of Injury:	07/03/2012
Decision Date:	09/17/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/05/2014

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, Pain Medicine and is licensed to practice in Texas and Ohio. 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 46-year-old male who reported an injury on 05/05/2014 due to cumulative trauma. On 12/02/2013, the injured worker presented with complaints of left shoulder pain. Upon examination of the left shoulder, there was tenderness to palpation and range of motion was limited due to pain. Positive impingement, Neer's, and Hawkin's test. The diagnoses were left shoulder upper arm sprain/strain, left shoulder bicipital tenosynovitis, left shoulder rotator cuff sprain/strain, and left shoulder rotator cuff partial tear. Current medications included a cortisone injection, Medrox patches, and topical creams. The provider recommended a capsaicin/menthol/camphor/tramadol/flurbiprofen cream. The provider's rationale was not provided. The Request for Authorization form was dated 12/02/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription drug, generic (Capsaicin/Menthol/Camphor/Tramadol/Flurbiprofen): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113, 121-122.

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

Decision rationale: The California MTUS states that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines note that capsaicin is recommended for injured workers who are unresponsive or intolerant to other treatments. The agents are compounded as monotherapy or in combination for pain control, including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, and cholinergic receptor agonists. There is little to no research to support the use of many of these agents. There is a lack of evidence of a failed trial of antidepressants or anticonvulsants. Additionally, the injured worker is not intolerant to or unresponsive to other medications. The provider's request does not indicate the dose, frequency, or quantity or the site that the cream is indicated for in the request as submitted. As such, the request for Prescription drug, generic (Capsaicin/Menthol/Camphor/Tramadol/Flurbiprofen) is not medically necessary.