

Case Number:	CM14-0065005		
Date Assigned:	07/11/2014	Date of Injury:	05/02/2012
Decision Date:	08/26/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/08/2014

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 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 58-year-old male with a reported date of injury on 05/02/2012. The mechanism of injury was not provided within the documentation available for review. The injured worker's diagnosis included lumbar spine sprain/strain with radiculopathy, lumbar spine disc desiccation, lumbar spine hemangioma, right shoulder sprain/strain, right shoulder impingement, right shoulder osteoarthritis and tendinosis, labral tear and effusion, myospasms, and gastritis. The injured worker presented with complaints of occasional right shoulder pain when the arm was raised, reporting no symptoms of numbness or tingling. In addition, the injured worker complained of low back pain, which was rated as moderate to occasionally severe, with radiation of pain to the right groin with occasional numbness and tingling sensation in the right thigh. Previous conservative care included physical therapy, acupuncture, and psychological treatment. Upon physical examination, the thoracolumbar spine presented with tenderness to palpation with spasms of the right paraspinal muscles, and tenderness to palpation of the right sacroiliac. The injured worker had limited range of motion secondary to pain. The right shoulder revealed limited range of motion. The injured worker indicated that he was taking medication for pain and insomnia, but did not know the exact names of the medications. The physician indicated he was requesting authorization for diagnostic facet block in the lumbar area on the right side at the level of L4-5 and L5-S1. In addition, the physician was requesting authorization for ultrasound-guided right shoulder subacromial steroid injections and also subscapular nerve blocks. The rationale for the request for a topical analgesic was not provided within the documentation available for review. The Request for Authorization for topical compound (capsaicin 0.025%, flurbiprofen 15%, tramadol 15%, menthol 2%, and camphor 2%) 240 grams was submitted on 05/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Compound (Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2%) 240 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 Topical Analgesics, page(s) 111-113 Page(s): 111-113.

Decision rationale: The California MTUS Guidelines recommend topical analgesics as an option, although largely experimental in use with few randomized control trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it would be useful for the specific therapeutic goal required. According to the California MTUS Guidelines, capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Flurbiprofen is a nonsteroidal anti-inflammatory agent. The effectiveness in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, or with a diminishing effect over another 2-week period. Tramadol is a centrally-acting synthetic opioid analgesic and is not recommended as a first-line oral analgesic. In addition, the guidelines state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The clinical information provided for review, lacks documentation related to the use of topical analgesics, and the subsequent therapeutic or functional benefit. In addition, the guidelines do not recommend flurbiprofen for long-term use and tramadol as an oral opioid. Therefore, the request for topical compound (capsaicin 0.025%, flurbiprofen 15%, tramadol 15%, menthol 2%, and camphor 2%) 240 grams is non-certified.