

Case Number:	CM14-0066594		
Date Assigned:	07/11/2014	Date of Injury:	06/04/2006
Decision Date:	08/21/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/09/2014

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 California. 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 46 year old male who was injured on 06/04/2006 when he fell down some stairs. The patient underwent left knee surgery on 0/23/2013. Progress report dated 01/22/2014 states the patient complained of persistent pain of the neck that is aggravated by repetitive motions of the neck/prolonged positioning of the neck, pushing, pulling, lifting, forward reaching, and working at or above the shoulder level. The patient has low back pain that radiates to the right lower extremity. The patient has left knee pain with popping with occasional swelling. Objective findings on exam revealed tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm. There is pain with terminal motion. The left upper extremity reveals positive Tinel's sign at the elbow. He has positive Tinel and Phalen signs at the wrist. The lumbar spine reveals tenderness at the lumbar paravertebral muscle with spasm. There is limited range of motion. There is residual right lower extremity numbness. The left knee reveals tenderness at the left knee anteriorly and positive patellar compression test. Diagnoses are status post left knee arthroscopy with repair of internal derangement, status post removal of hardware C5-6 with inspection of fusion and C4-5 and C6-7 cervical total disc replacement, status post removal of lumbar spine hardware and status post L4 to S1 posterior lumbar inerbody fusion. The treatment and plan included MRI of the lumbar spine, Synvisc injection to his left knee. Prior utilization review dated 04/21/2014 states the request for Compound Flurbiprofen 10%/Capsaicin 0.025% patch, 5 refills as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Flurbiprofen 10%/Capsaicin 0.025% patch, 5 refills: 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.

Decision rationale: According to the CA MTUS guidelines, Topical analgesics are largely experimental in use with few randomized controlled trials to determine the efficacy and safety. Topical analgesics are primarily recommended for neuropathic pain when oral antidepressant / anticonvulsant medications tried and failure. There little to is no evidence of significant long term (more than two weeks) efficacy of NSAIDs in the clinical trials. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical records do not demonstrate the above criteria are met. Furthermore, per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request is not medically necessary according to the guidelines.