MAXIMUS Federal Services

Case Number:	CM14-0068552		
Date Assigned:	07/14/2014	Date of Injury:	06/25/2013
Decision Date:	09/22/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/13/2014

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 Orthopaedic Surgery 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:

This 39-year-old female sustained an industrial injury on 6/25/13. The mechanism of injury was not documented. The patient was status post right shoulder diagnostic arthroscopy with a subacromial decompression, partial acromioplasty, and limited glenohumeral joint debridement on 1/16/14. The 4/22/14 treating physician report cited subjective complaints of intermittent mild to occasionally moderate right shoulder pain. Pain was worse with repetitive movement and overhead activity. Pain was well-controlled with medications. Therapy and acupuncture also decreased her pain temporarily. Right shoulder exam documented right deltoid tenderness to palpation, flexion 90 degrees, and abduction 90 degrees. The patient was unable to internally or externally rotate due to pain. Orthopedic testing was deferred. She was to continue physical therapy and acupuncture. A 4/24/14 treatment request for topical creams was submitted. The 5/6/14 utilization review denied the requests for topical creams based on an absence of guideline support and no documentation of failed first line recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin/Flurblprofen/Tramadol/Menthol/Camphor 0.025%, 15%, 2%, 2% 240mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Topical analgesics, page(s) 111-113.

Decision rationale: The California MTUS state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Guidelines indicate that topical analgesics in general are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There are no high-quality literary studies or guidelines which support the safety or efficacy of Tramadol utilized topically. Guidelines do not recommend topical non-steroid anti-inflammatory drugs (NSAIDs), like Flurbiprofen, for treatment of the spine or shoulder. Given the absence of guideline support for all components of this product, this request for Capsaicin/Flurbiprofen/Tramadol/Menthol/Camphor 0.025%, 15%, 2%, 2% 240mg is not medically necessary.

Cyclobenzaprine/Flurbiprofen/ 2%, 20% 240mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Topical analgesics, page(s) 111-113.

Decision rationale: The California MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Guidelines state there is no evidence for use of a muscle relaxant, such as Cyclobenzaprine, as a topical product. Guidelines do not recommend topical non-steroid anti-inflammatory drugs (NSAIDs), like Flurbiprofen, for treatment of the spine or shoulder. Given the absence of guideline support for all components of this product, this request for Cyclobenzaprine/Flurbiprofen/ 2%, 20% 240mg is not medically necessary.