

Case Number:	CM14-0068616		
Date Assigned:	07/14/2014	Date of Injury:	01/16/2014
Decision Date:	12/24/2014	UR Denial Date:	04/28/2014
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 Internal Medicine, 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 an injured worker with neck, left shoulder, and low back complaints. Date of injury was 01-16-2014. Regarding the mechanism of injury, a cabinet fell on the patient. The progress report dated 2/19/14 documented the use of Ibuprofen and Soma. Diagnoses were left shoulder contusion, cervical and lumbar strain. Primary treating physician's progress report 4/2/14 documented an evaluation of neck, back, and shoulder complaints. The MRI magnetic resonance imaging was performed on 03-13-2014. The cervical spine MRI reveals 2 mm disc bulges at C4-5, C5-6, and C6-7 with a posterior annular tear at C6-7. The lumbar spine MRI reveals 2 mm disc bulges at L3-4, L4-5, and L5-S1. The patient complains of persistent neck pain with radiation into her left upper extremity, associated with occasional numbness and tingling. She indicates that her left shoulder has improved somewhat, but there is still stiffness and soreness. She also has on-going low back pain with radiating pain into the right, lower extremity with persistent numbness and tingling. On physical examination, there is decreased range of motion of the cervical spine with paravertebral tenderness and spasm. Spurling's sign is negative. There is decreased left shoulder range of motion and he is only able to flex about 150 degrees. Impingement sign is positive on the left. There is decreased range of motion of the lumbar spine with paravertebral tenderness and spasm. Straight leg raising examination is positive on the right at 50 degrees and negative on the left. Diagnoses were left shoulder strain, cervical spine strain with multi-level disc bulges, and lumbar spine strain with multi-level disc bulges. Treatment plan included a request for electromyography (EMG) and nerve conduction velocity (NCV) studies of the bilateral upper and lower extremities. The patient will complete her course of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Flurbiprofen 25% Diclofenac 10%: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 111-113 and 67-73.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The efficacy in clinical trials of topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be either not superior to placebo after two weeks or with a diminishing effect after two weeks. For osteoarthritis of the knee, topical NSAID effect appeared to diminish over time. There are no long-term studies of their effectiveness or safety for chronic musculoskeletal pain. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. MTUS Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Medical records indicate the long-term use of NSAIDs. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. Medical records do not present blood pressure measurements or laboratory test results, which are recommended for NSAID use per MTUS. Medical records indicate long-term NSAID use, which is not recommended by MTUS. MTUS guidelines do not support the use of topical NSAIDs. The request for a topical compound product containing Flurbiprofen and Diclofenac is not supported. Therefore, the request for Compound Flurbiprofen 25%, Diclofenac 10% is not medically necessary.

Compound capsaicin 0.0375%, Menthol 10%, Camphor 2.5%, Tramadol 10%: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Capsaicin, topical Page(s): 111-113 and 28-29. Decision based on Non-MTUS

Citation Mayo Clinic, Proceedings Topical Analgesics in the Management of Acute and Chronic Pain, Volume 88, Issue 2, Pages 195-205, February 2013,
<http://www.ncbi.nlm.nih.gov/pubmed/23374622>,
[http://www.mayoclinicproceedings.org/article/S0025-6196\(12\)01170-6/fulltext](http://www.mayoclinicproceedings.org/article/S0025-6196(12)01170-6/fulltext)

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. 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. Capsaicin topical is only an option in patients who have not responded or are intolerant to other treatments. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Mayo Clinic Proceedings article titled Topical Analgesics in the Management of Acute and Chronic Pain (2013) describes the results of a systematic review of the efficacy of topical analgesics in the management of acute and chronic pain conditions, and concluded that limited evidence is available to support the use of other topical analgesics in acute and chronic pain. There are no randomized controlled trials that support the use of topical Tramadol. Medical records do not document that the patient has not responded or is intolerant to other treatments, which is an MTUS requirement for the use of Capsaicin. Per MTUS, Capsaicin topical is only an option in patients who have not responded or are intolerant to other treatments. Mayo Clinic Proceedings article titled Topical Analgesics in the Management of Acute and Chronic Pain (2013) describes the results of a systematic review of the efficacy of topical analgesics in the management of acute and chronic pain conditions, and concluded that limited evidence is available to support the use of other topical analgesics in acute and chronic pain. There are no randomized controlled trials that support the use of topical Tramadol. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS guidelines do not support the request for a topical product containing Capsaicin, Menthol, Camphor, and Tramadol. Therefore, the request for Compound capsaicin 0.0375%, Menthol 10%, Camphor 2.5%, Tramadol 10% is not medically necessary.