

Case Number:	CM14-0077216		
Date Assigned:	07/18/2014	Date of Injury:	06/03/2013
Decision Date:	09/19/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/27/2014

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 32-year-old male with a reported injury on 06/03/2013. The cause of injury was due to a motor vehicle accident. His diagnoses included cervical disc protrusion, cervical pain, cervical sprain/strain, rule out cervical radiculitis versus radiculopathy, right shoulder pain, right shoulder sprain/strain, and rule out right shoulder internal derangement. The injured worker has had previous use of a TENS unit, chiropractic therapy which he reported was helpful, physical therapy, and acupuncture which acupuncture was of no benefit. The injured worker had an examination on 06/03/2013 with complaints of low back pain at a level of 8/10 with radiation to his left lower extremity. His pain was aggravated with prolonged sitting. He also complained of neck pain with radiating pain to his chest and down his back. The objective examination findings are illegible. The list of medications included Capsaicin, Flurbiprofen, Tramadol, Menthol, Camphor cream and the Diclofenac with Tramadol cream. The recommended plan of treatment was to refill his creams. The request for authorization and the rationale were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Decision Capsaicin/Menthol/Camphor/Tramadol 240g. per 09/10/2013

QTY: 1.00: 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 Analgesic Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Citation: B LeBon, G Zeppetella, IJ Higginson (2009). Effectiveness of topical administration of opioids in palliative care: a systematic review. Journal of pain and symptoms-Elsevier.

Decision rationale: The request for the retrospective capsaicin/menthol/camphor/tramadol 240 g for the date of 09/10/2013 is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy and safety. They are primarily to be recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The California MTUS Guidelines do not recommend any compounded product that contains at least 1 drug or drug class that is not recommended. The ingredient of capsaicin is only recommended as an option in patients who have not responded or are intolerant of other treatments. There is a lack of evidence that the injured worker has osteoarthritis. There is also a lack of evidence that the injured worker was not responsive or was intolerant to other previous treatments. For the ingredient of Tramadol, the peer-reviewed literature states that there is a deficiency of higher quality evidence on the role of topical opioids and that more robust primary studies are required to inform practice recommendations. Furthermore, the request does not specify directions as far as frequency, duration, and place as to where the product is to be applied. There is a lack of evidence to support the medical necessity of this medication without further assessment and evaluation. Therefore, the request for the retrospective capsaicin/menthol/camphor/tramadol 240 g for the date of 09/10/2013 is not medically necessary.

Retrospective Decision Flurbiprofen/Tramadol 240gm per 09/10/2013: 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 Analgesic Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Citation: B LeBon, G Zeppetella, IJ Higginson (2009). Effectiveness of topical administration of opioids in palliative care: a systematic review. Journal of pain and symptoms-Elsevier.

Decision rationale: The retrospective request for Flurbiprofen/Tramadol 240 gm for the date of 09/10/2013 is not medically necessary. Flurbiprofen is a non-steroidal anti-inflammatory agent and the California MTUS Guidelines state that efficacy in clinical trials of this treatment modality have been inconsistent and most studies are small and of short duration. The implications for a topical NSAID is for osteoarthritis and tendinitis, particularly that of the knee and the elbow. It is recommended only for short-term use of 4 to 12 weeks. There is little evidence for the topical use of NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. The injured worker does complain of low back pain and of cervical spine pain. It is unknown as to how long this medication has been being used. Furthermore, there is a lack of evidence to support the medical necessity of this medication without further evaluation and

assessment. There is a lack of directions as far as frequency, duration, and the placement of this medication. Therefore, the request for retrospective Flurbiprofen/tramadol 240 gm for the date of 09/10/2013 is not medically necessary.