MAXIMUS Federal Services

Case Number:	CM14-0080055		
Date Assigned:	07/18/2014	Date of Injury:	09/30/2013
Decision Date:	09/08/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/30/2014

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, has a subspecialty in Interventional Spine 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 63 year old with an injury date on 9/30/13. Patient complains of triggering of all fingers, and numbness/tingling with radiation into bilateral forearms with stabbing sensation per 2/25/14 report. Patient also has constant bilateral shoulder pain/stiffness, slight neck pain, constant lower back pain radiating into bilateral feet, and cracking/popping in knees with difficulty getting up from seated position per 2/25/14 report. Based on the 2/25/14 progress report provided by [redacted] the diagnosis is chronic pain of cervical spine, lumbar spine, shoulders, hands, knees, feet. Exam on 2/25/14 showed "C-spine range of motion limited especially flexion at 26 degrees. Normal range of motion in bilateral elbows, forearms, wrists. Bilateral shoulder range of motion limited especially on left shoulder abduction (15 degrees) and internal rotation (27 degrees). Bilateral knee range of motion reduced at flexion by 15 degrees." [redacted] is requesting retrospective request for medications capsaicin/menthol/camphor/tramadol/flurbiprofen/diclofenac (duration unknown and frequency unknown) DOS 2/28/14. The utilization review determination being challenged is dated 5/15/14. [redacted] is the requesting provider, and he provided a single treatment report from 2/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for medications Capsaicin/Menthol/Camphor/Tramadol/Flurbiprofen/Diclofenac (duration unknown and frequency unknown (DOS 2/28/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medicine: pg 111-113I. Topical Analgesics Page(s): 111-113.

Decision rationale: This patient presents with pain in bilateral hands/fingers, bilateral shoulder pain, neck pain, lower back pain, bilateral knee and bilateral foot pain. The provider has asked for retrospective request for medications Capsaicin/Menthol/Camphor/Tramadol/Flurbiprofen/Diclofenac (duration unknown and frequency unknown) DOS 2/28/14 but the date of the request is not known. Regarding topical analgesics, MTUS state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS recommends capsaicin only as an option "in patients who have not responded or are intolerant to other treatments." Furthermore, MTUS indicates capsaicin efficacy for peripheral neuropathies at a 0.025% formulation, with no studies of the efficacy of a 0.0375% formulation. There is no discussion about the patient's intolerance or failure to respond to other therapies and the guidelines do not support a 0.375% capsaicin formulation, thus the entire compounded product is not medically necessary.