

Case Number:	CM14-0080343		
Date Assigned:	07/18/2014	Date of Injury:	07/27/2011
Decision Date:	08/18/2014	UR Denial Date:	05/06/2014
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 Orthopaedic Surgery, has a subspecialty in California 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 35-year-old male sustained an industrial injury on 7/2/7/11. The mechanism of injury was not documented. The 3/8/14 cervical MRI impression documented 1-2 mm posterior disc bulges at C3-C7 without evidence of canal stenosis or neuroforaminal narrowing. The 3/8/14 lumbar MRI impression documented multilevel disc bulge with bilateral neuroforaminal narrowing from L3/4-L5/S1 with bilateral exiting nerve root compromise. The 3/8/14 left shoulder MRI was unremarkable. The 2/19/14 treating physician progress report cited increased neck pain and right hand weakness, frequent left shoulder burning pain, and frequent lumbar burning pain. Pain radiated to the left upper extremity and bilateral lower extremities. Exam findings documented mild loss in left shoulder flexion, abduction, and internal/external rotation with post-operative impingement sign. Lumbar range of motion was mildly limited in range of motion with pain. The diagnosis was neck pain, cervical radiculitis/neuritis, upper arm pain, lumbar disc herniation, and hip sprain/strain. Topical analgesic were prescribed with no indication for specific area of use. The 5/5/14 utilization review denied the request for topical compounds including capsaicin 0.025%, Flurbiprofen 20%, tramadol 30%, menthol 2%, and camphor 2%, based on absence of guideline support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 30%, Menthol 2%, Camphor 2%, 240 gm topical: 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 analgesics Page(s): 111-113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical agents are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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. Capsaicin is supported as an option in patients who have not responded or are intolerant to other treatments. Guidelines do not recommend the use of non-steroidal anti-inflammatory agents (NSAIDs), such as Flurbiprofen, for osteoarthritis of the spine or shoulder for neuropathic pain. There are no high-quality literary studies or guidelines which support the safety or efficacy of tramadol utilized topically. Given the absence of guideline support for all components of this product, this product is not recommended by guidelines. Therefore, this request for topical capsaicin 0.025%, Flurbiprofen 20%, Tramadol 30%, Menthol 2%, Camphor 2%, 240 gm is not medically necessary.