

Case Number:	CM14-0081528		
Date Assigned:	07/18/2014	Date of Injury:	03/12/2009
Decision Date:	09/22/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/02/2014

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 Occupational 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 injured worker is a 36-year-old female who has submitted a claim for cervicalgia associated with an industrial injury date of January 1, 2002. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of dull aching pain in the neck rated 9/10 on the VAS without medications and 8/10 with medications. The neck pain was aggravated with movements and it was relieved by medications. It was associated with radiating pain, numbness and tingling sensation to both upper extremities. On examination of the cervical spine, there was tenderness and myospasm over bilateral paracervical muscles and trapezial muscles. There was also decreased cervical range of motion in all planes due to neck pain. Treatment to date has included oral medications (cyclobenzaprine and naproxen) and topical creams. Utilization review from May 13, 2014 denied the request for Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor2% 240g. Reason for denial was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor2% 240g:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics , Capsaicin, topical Page(s): 111-113, 28. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Topical Salicylates.

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. 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. In this case, the prescribed compound to the patient contained Capsaicin, Flurbiprofen, Tramadol, Menthol, and Camphor. CA MTUS Chronic Pain Medical Treatment Guidelines on page 28 states that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments. Here, compounded products were prescribed as adjuvant therapy for oral medications. Flurbiprofen is an NSAID, which has little to no research supporting it. CA MTUS does not support the use of opioids, like Tramadol, in a topical formulation. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. The guidelines do not address camphor. The prescribed medication contains Flurbiprofen, Tramadol and Menthol that are not recommended for topical use. Therefore, the request for 1 Prescription for Capsaicin 0.25%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% 240gm: is not medically necessary.