MAXIMUS Federal Services

Case Number:	CM14-0085215		
Date Assigned:	07/23/2014	Date of Injury:	11/11/2013
Decision Date:	08/27/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	06/06/2014

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 & 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 48-year-old male with an injury date of 11/11/2013. According to the 04/29/2014 report, the patient complains of right shoulder pain, right wrist pain, left wrist pain, low back pain, and left leg pain. Regarding the right shoulder, the pain is constant and rated as mild to occasionally moderate. The patient reports a numbness, tingling, burning, and popping sensation of his right shoulder. In regards to the right wrist, the patient says that he has numbness and tingling sensations over his fingers as well as stiffness. The pain in his wrist is on and off and rated as mild to occasionally moderate. The lower back pain is also rated as moderate to occasionally severe and increases with prolonged sitting or standing. The patient's left leg pain starts at his left groin region and radiates down to his leg. Pain increases while walking. The patient also presents with buzzing in his ears as well as persistent depression. The patient's diagnosis includes the following: 1. Tension headaches. 2. Gastritis. 3. Abdominal pain. 4. Cervical spine sprain/strain with myospasms. 5. Lumbar spine sprain/strain with radiculitis. 6. Right shoulder sprain/strain with clinical impingement. 7. Ulnar styloid process fracture. 8. S/P right wrist surgery. 9. Tinnitus. 10. Left groin pain rule out hernia. 11. Depression. The request is for the following: 1. Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% 240 g. 2. Cyclobenzaprine 2%, Flurbiprofen 20% 240 g. The utilization review determination being challenged is dated 05/05/2014. Progress reports were provided from 11/14/2013 - 06/04/2014.

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%, Camphor 2% 240 grams: Upheld

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

MAXIMUS guideline: Decision on the MTUS Chronic Pain Medical Treatment Guidelines: Topical Analgesics page 111.

Decision rationale: According to the 04/29/2014 progress report, the patient complains of right shoulder pain, right wrist pain, left wrist pain, low back pain, and left leg pain. The request is for Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, and Camphor 2% 240 g. MTUS Guidelines provided clear discussion regarding topical compounded creams. It does not support the use of topical NSAIDs for axial, spinal pain, but supports it for peripheral joint arthritis and tendinitis. There is no indication of where the patient will be applying this topical ointment to. Therefore, the request for Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% 240 grams is not medically necessary and appropriate.

Cyclobenzaprine 2%, Flurbiprofen 20% 240 grams: Upheld

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

MAXIMUS guideline: Decision on the MTUS Chronic Pain Medical Treatment Guidelines: Topical Analgesics page 111.

Decision rationale: According to the 04/29/2014 progress report, the patient presents with right shoulder pain, right wrist pain, low back pain, and left leg pain. The request is for Cyclobenzaprine 2%, Flurbiprofen 20% 240 g. There is no indication of where the patient will be applying this compounded Cyclobenzaprine, Flurbiprofen cream. MTUS also states that if one of the components of the compounded product is not recommended, then the entire compound is not recommended. In this case, Cyclobenzaprine is not recommended per MTUS for topical formulation. Therefore, the request for Cyclobenzaprine 2%, Flurbiprofen 20% is not considered medically necessary and appropriate.