

Case Number:	CM14-0086223		
Date Assigned:	07/23/2014	Date of Injury:	03/16/2012
Decision Date:	09/29/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/09/2014

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, and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 48 year old male with a reported date of injury on 03/16/2012. The mechanism of injury was not provided. The injured worker's diagnoses included right shoulder impingement with tenosynovitis, right knee meniscal tear, left knee medial and lateral meniscal tear, chondromalacia of the right patella, chest pain, shortness of breath, right carpal tunnel syndrome, headaches, sexual dysfunction and a sleep disorder. The injured worker's previous treatments included medications, physical therapy, group therapy and hypnosis. The injured worker's pertinent diagnostics included urine drug screens which were consistent with treatment, NCS of upper and lower extremities, MRIs of the bilateral knees, a right shoulder MRI, x-rays of the bilateral knees, and an x-ray of the right shoulder. The injured worker's surgical history included left knee surgery on 01/08/2014 and right knee surgery on 04/09/2014. The injured worker was evaluated on 04/22/2014 where he complained of burning chest pain increased by breathing, right shoulder pain, bilateral knee pain, right hand pain and occasional headaches. The injured worker's medications included Norco 5/325 ever 6-8 hours as needed, tramadol. The physician's treatment plan included recommendations for daily exercise, continuation of medications, and a follow-up visit. The requests were for Topical Medication (Cyclobenzaprine 2/Flurbiprofen 21) 240gm and Capsaicin 0.025/Flurbiprofen 15/Tramadol 15/Menthol 2/Camphor 2, 240 gm. The rationales for these requests were not provided. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Medication (Cyclobenzaprine 2/Flurbiprofen 21) 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics/NSAIDs Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 5/15/14) Compound Drugs.

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

Decision rationale: The request for Topical Medication(Cyclobenzaprine 2/Flurbiprofen 21) 240 gm is not medically necessary. The injured worker complained of pain to multiple sites. The California MTUS Chronic Pain Medical Treatment Guidelines do not recommend muscle relaxants, such as cyclobenzaprine, for topical application. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines note topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and use with neuropathic pain is not recommended as there is no evidence to support use. There is a lack of documentation indicating the injured worker has a diagnosis of osteoarthritis or tendinitis to a joint that is amenable to topical treatment. The guidelines do not recommend muscle relaxants for topical application. As the guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the medication would not be indicated. In addition, the request did not include site of application, dose, or frequency of use. Therefore, the request for Topical Medication(Cyclobenzaprine 2/Flurbiprofen 21) 240 gm is not medically necessary.

Capsaicin 0.025/flubiprofen 15/Tramadol 15/Menthol 2/Camphor 2, 240gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 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 Capsaicin 0.025/flurbiprofen 15/Tramadol 15/Menthol 2/Camphor 2, 240gm is not medically necessary. The injured worker complained of pain to multiple sites. The California MTUS Chronic Pain Medical Treatment Guidelines recommend capsaicin 0.025% for the treatment of arthritis. The guidelines recommend the use of capsaicin for patients with osteoarthritis, postherpetic neuralgia, diabetic neuropathy, and post mastectomy pain. Capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. The guidelines note topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (4-12 weeks). There is little evidence to utilize

topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and use with neuropathic pain is not recommended as there is no evidence to support use. 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. There is a lack of documentation indicating the injured worker has a diagnosis of osteoarthritis or tendinitis to a joint that is amenable to topical treatment. There is a lack of documentation indicating the injured worker has been intolerant of or not responded to other treatments. Peer reviewed literature does not recommend the use of opioid medications for topical application. As the guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the medication would not be indicated. In addition, the request did not include site of application, dose or frequency of use. Therefore, the request for Capsaicin 0.025/flurbiprofen 15/Tramadol 15/Menthol 2/Camphor 2, 240gm is not medically necessary.