

Case Number:	CM14-0086397		
Date Assigned:	07/23/2014	Date of Injury:	08/06/2012
Decision Date:	08/27/2014	UR Denial Date:	05/22/2014
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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 44-year-old female who reported an injury on 08/08/2012. The mechanism of injury was not provided within the medical records. Her diagnoses included right shoulder internal derangement and right hand internal derangement. Her past treatments were noted to include medications and chiropractic treatment. On 01/18/2014, the injured worker presented with moderate to severe throbbing pain in the right shoulder. Her physical examination revealed significant tenderness to palpation over the acromioclavicular joint and the anterior shoulder joint, a positive cross-arm test, and pain with a supraspinatus press test. Her medications included ibuprofen, Prilosec, Ultracet, and topical analgesics. The treatment plan included medication refills and the requested topical compounded product to decrease pain and inflammation. The Request for Authorization form for the topical compounded product requested was submitted on 01/18/2014.

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 Page(s): 111-113.

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

Decision rationale: According to the California MTUS Guidelines topical analgesics are largely experimental in use with limited evidence demonstrating efficacy and safety and are primarily recommended to treat neuropathic pain when trials of antidepressants and anticonvulsants have failed. In addition, the guidelines state that any topical compounded product that contains at least 1 drug or drug class that is not recommended, is not recommended. In regard to capsaicin, the guidelines indicate that topical capsaicin is only recommended as an option in patients who have not responded or were intolerant to other treatments. In regard to flurbiprofen, the guidelines state topical NSAIDs may be supported to treat osteoarthritis of joints amenable to topical treatment, such as the ankle, elbow, foot, hand, knee, or wrist. However, there is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. The clinical information submitted for review failed to provide documentation showing the failure of antidepressants and anticonvulsants. In addition, the injured worker was not shown to have osteoarthritis of the hand to warrant the use of topical flurbiprofen or neuropathic pain to warrant the use of topical analgesics. In addition, there was a lack of documentation regarding an intolerance or nonresponse to previous treatments to warrant the use of topical capsaicin. Therefore, as the requested topical compound contains capsaicin and flurbiprofen, which are not supported at this time, the compound is also not supported. As such, the request is not medically necessary.

Flurbiprofen 25%, Lidocaine 14% (?) 240 grams: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines topical analgesics are largely experimental in use with limited evidence demonstrating efficacy and safety and are primarily recommended to treat neuropathic pain when trials of antidepressants and anticonvulsants have failed. In addition, the guidelines state that any topical compounded product that contains at least 1 drug or drug class that is not recommended, is not recommended. In regard to lidocaine, the guidelines state topical lidocaine, in the formulation of the Lidoderm patch, may be recommended to treat neuropathic pain. In regard to flurbiprofen, the guidelines state topical NSAIDs may be supported to treat osteoarthritis of joints amenable to topical treatment, such as the ankle, elbow, foot, hand, knee, or wrist. However, there is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. The clinical information submitted for review failed to provide documentation showing the failure of antidepressants and anticonvulsants. In addition, the injured worker was not shown to have osteoarthritis of the hand to warrant the use of topical flurbiprofen or neuropathic pain to warrant the use of topical analgesics. In addition, there was a lack of documentation regarding an intolerance or nonresponse to previous treatments to warrant the use of topical capsaicin. Therefore, as the requested topical compound contains lidocaine, not in the formulation of the Lidoderm patch,

and flurbiprofen, which are not supported at this time, the compound is also not supported. As such, the request is not medically necessary.