

Case Number:	CM14-0098015		
Date Assigned:	07/28/2014	Date of Injury:	12/19/2012
Decision Date:	09/29/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/26/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 male who was reportedly injured on December 19, 2012. The mechanism of injury was noted as reaching out and lifting type event. The most recent progress note dated March 4, 2014, indicated that there were ongoing complaints of upper extremity pain. The physical examination demonstrated a 6'2", 238 pound individual who appears to be in some distress. There was a well healed surgical scar of the anterior aspect of the upper extremity, a negative "Popeye sign" and no tenderness to palpation was reported. A decrease in left elbow flexion was reported. Diagnostic imaging studies objectified a suture anchor in the radial tuberosity indicating the distal biceps was repaired. Previous treatment included surgical repair of the biceps, postoperative physical therapy, multiple medications, chiropractic care and pain management interventions. A request was made for medications and was not medically necessary in the pre-authorization process on May 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

240gr Capsaicin 0.25% Flurbiprofen 15% Tramadol 15%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound drugs.

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

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, pages 111-113. The Expert Reviewer's decision rationale:As outlined in the California Medical Treatment Utilization Schedule, such topical analgesics are "largely primitive" and any compound product that contains at least one drug or drug class, that is not recommended, the overall preparation is not recommended. When noting the date of injury, the injury sustained, the surgical intervention, and the most recent physical examination that determined that maximum medical improvement had been reached, there is no clinical indication for a topical analgesic (tramadol) or non-steroidal (flurbiprofen). Furthermore, there is no documentation of efficacy with this preparation. As such, the medical necessity cannot be established.

Menthol 2% Camphor 2% apply thin layer to affected area 3 times daily for pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound drugs.

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

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, pages 111-113.The Expert Reviewer's decision rationale:As outlined in the California Medical Treatment Utilization Schedule, such compounded preparations are "largely experimental". Furthermore, based on the physical examination reported and noting the date of injury, the injury sustained as well as the date of surgery, there is no clinical indication that this medication has demonstrated any efficacy or utility in terms of ameliorating the symptomatology. Therefore, based on the clinical rationale presented for review, the medical necessity cannot be established.

240gr Cyclobenzaprine 2% Flurbiprofen 20% apply affected area 3 times daily for pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound drugs.

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

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, pages 111-113. The Expert Reviewer's decision rationale:California Medical Treatment Utilization Schedule Chronic Pain Guidelines state that topical analgesics are "largely experimental" and "any compound product that contains at least

one drug (or drug class), that is not recommended, is not recommended". The guidelines note there is little evidence to support the use of topical NSAIDs (flurbiprofen) for neuropathic pain. Additionally, the guidelines state there is no evidence to support the use of topical cyclobenzaprine (a muscle relaxant). The guidelines do not support the use of flurbiprofen or cyclobenzaprine in a topical formulation. Therefore, the request for Flurflex is not medically necessary.