

Case Number:	CM14-0123773		
Date Assigned:	08/08/2014	Date of Injury:	06/29/2012
Decision Date:	02/13/2015	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/05/2014

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 Rehab, has a subspecialty in Pain Management, 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 50 year old male with date of injury 06/28/12. The treating physician report dated 05/15/14 (64-68) indicates that the patient presents with pain affecting the right knee and left shoulder. The physical examination findings reveal in the left shoulder, decreased ROM (forward flexion 140 degrees, abduction 140 degrees, External rotation 90 degrees, and Internal rotation is SI). Normal motor strength in the left shoulder. The right knee shows normal signs of ROM. It also shows tenderness to palpation in the medial joint line. The current diagnoses are: 1. Bilateral shoulder sprain/strain 2. Lumbar spine sprain 3. Bilateral hand sprain 4. Right knee The utilization review report dated 07/10/14 denied the request for topical analgesics based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

1. Capsaicin 0.25% Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2% 180 Gm, Refills: 0: Upheld

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

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

Decision rationale: The patient presents with knee and shoulder pain. The current request is for Capsaicin 0.25% Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2% 180 Gm, Refills: 0. There is no indication in the report dated 05/15/14 where the topical cream would be applied. The MTUS guidelines do not support the usage of Flurbiprofen 10% cream (NSAID) for the treatment of spine, hip, shoulder or neuropathic pain. Additionally MTUS states, "Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments." In this case, the patient has been prescribed a topical NSAID and MTUS only supports topical NSAIDs for peripheral joint arthritis and tendonitis which this patient has not been diagnosed with. Additionally, this compounded topical analgesic contains Tramadol, an opiate and MTUS requires much more thorough documentation of analgesia, ADLs, side effects and aberrant behaviors for usage. The current request for this compounded topical analgesic is not medically necessary and the recommendation is for denial.