

Case Number:	CM14-0183516		
Date Assigned:	11/10/2014	Date of Injury:	09/11/2012
Decision Date:	01/27/2015	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	11/04/2014

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 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 63-year-old male with an injury date of 09/11/12. Based on the 07/08/14 progress report, the patient complains of lumbar spine pain with radiation to both legs rated 4 to 8/10; thoracic spine pain rated 2-8/10; and bilateral shoulder pain rated between 2-7/10 left and 3-7/10 right. Physical examination to the shoulder revealed decreased lumbar spine range of motion. Positive straight leg raise, Neer's and Hawkin's tests bilaterally. Treater's reason for the request is pain control, per progress report dated 05/28/14. MRI Imaging revealed the following: MRI Right Shoulder 03/28/13- Bursitis- Moderate reduction of subacromial space MRI Left Shoulder 03/28/13- Mild to moderate A/C joint degenerative change - Moderate reduction of the subacromial space MRI Thoracic Spine 03/22/13- 2 mm posterior protrusion indenting the cord- Mild central canal stenosis MRI Lumbar Spine 03/22/13- L3-4 2 mm left greater than right bulge with mild left greater than right neural foraminal stenosis- L2-3 1 mm bulge. - L4-5 1-2 mm leftward bulge with mild left neural foraminal encroachment Diagnosis 05/28/14 is shoulder, thoracic and lumbar spine pain. The patient is working part-time. The utilization review determination being challenged is dated 10/02/14. The rationale was: "Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. Tramadol exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesic drugs such as Tramadol are reported to be effective in managing neuropathic pain. (Not noted for topical use)." Treatment reports were provided from 11/26/13 to 12/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

240 Grams Cream Capsaicin .025 Percent Flurbiprofen 20 Percent Tramadol 15 Percent Menthol 2 Percent and Camphor 2 Percent: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Page(s): 112.

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

Decision rationale: The patient presents with lumbar spine pain with radiation to both legs rated 4 to 8/10; thoracic spine pain rated 2-8/10; and bilateral shoulder pain rated between 2-7/10 left and 3-7/10 right. The request is for 240 Grams Cream Capsaicin .025 Percent Flurbiprofen 20 Percent Tramadol 15 Percent Menthol 2 Percent And Camphor 2 Percent. Patient's diagnosis on 05/28/14 included shoulder, thoracic and lumbar spine pain. Treatment reports were provided from 1/26/13 to 12/31/14. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." MTUS page 111 states that if one of the compounded topical product ingredients is not recommended, then the entire product is not. In this case, the requested topical compound contains Flurbiprofen and Tramadol, which are not supported for topical use in lotion form per MTUS. Flurbiprofen, an NSAID, is indicated for peripheral joint arthritis/tendinitis. Capsaicin is indicated for most chronic pain conditions. The treater's reason for the request is pain control, per progress report dated 05/28/14. In this case, the patient does not present with arthritis/tendinitis for which the Flurbiprofen component of this topical medication would be indicated. In addition, MTUS Guidelines do not support Tramadol in a topical formulation. Therefore the request IS NOT medically necessary.