

Case Number:	CM14-0193047		
Date Assigned:	01/06/2015	Date of Injury:	06/05/2008
Decision Date:	03/11/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 59-year-old female, with a reported date of injury of 06/05/2008. The result of the injury was neck pain and left wrist pain. The current diagnoses include status post cervical spine discectomy and fusion at C4-C7, and status post revision fusion at C4-T1. The past diagnoses include cervical disc disease; cervical disc syndrome; and status post cervical spine anterior, discectomy, and fusion at C4-C7. Treatments have included Salonpas patches; Norco; bone stimulator; and revision fusion from C4-T1 on 07/30/2014. The neurosurgical re-evaluation dated 09/24/2014 indicates that the injured worker continued to report ongoing neck pain, which had improved. She rated the pain a 5 out of 10. She indicated that the radiating pain was gone. The examination of the cervical spine showed decreased deep tendon reflexes of the bilateral biceps, brachioradialis, and triceps muscles; normal bilateral upper extremity motor strength; decreased bilateral lower extremity deep tendon reflexes; and normal bilateral lower extremity motor strength. The treating physician prescribed topical creams to apply to the neck for pain relief. On 10/17/2014, Utilization Review (UR) denied the request for Flurbiprofen 20% 180 grams (date of service: 09/24/2014) and Flurbiprofen 10%/Capsaicin 0.05%/Camphor 5%/Menthol 5% 180 grams (date of service: 09/24/2014). The UR physician noted that the medical report did not indicate failed trials of first-line recommendations of oral antidepressants and anticonvulsants. In addition, there was no documentation that the injured worker was intolerant or unresponsive to oral pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% 180gm Date of Service 09/24/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: Per MTUS with regard to Flurbiprofen (p112), "(Biswal, 2006) These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended 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." Per the guidelines, the indications of this medication are limited to joints that are amenable to topical treatment. The documentation submitted for review does not denote any indications for the request or diagnosis of osteoarthritis or tendinitis. The request is not medically necessary.

Flurbiprofen 10%, Capsaicin 0.05%, Menthol 5% 180gm Date of Service 9/24/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 60, 111-112.

Decision rationale: Per MTUS with regard to Flurbiprofen (p112), "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended 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." The indications of this medication are limited to joints that are amenable to topical treatment. Flurbiprofen is not indicated. Capsaicin may have an indication for chronic neck back pain in this context. Per MTUS p 112 "Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. 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." The CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of menthol. It is the opinion of this IMR reviewer that a lack of endorsement, a lack of mention, inherently implies a lack of recommendation, or a status equivalent to "not recommended". Since flurbiprofen and menthol are not medically indicated, then the overall product is not indicated per MTUS as outlined below. Note the statement on page 111: Any compounded product that

contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually.