

Case Number:	CM14-0195371		
Date Assigned:	12/03/2014	Date of Injury:	07/24/2013
Decision Date:	01/20/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/21/2014

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, 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 57-year old female with the injury date of 09/24/13. Per treating physician's report 10/02/14, the patient has pain in her neck, mid back, lower back, shoulders, elbows, hands and knees bilaterally. The patient rates her pain as 2/10. The patient returns to work with modified duties. Per progress report 08/20/14, the patient takes medication for hypercholesterolemia, Naproxen and Cyclobenzaprine as needed. There is mild tenderness over the posterior cervical spine, paracervical musculature, lumbosacral spine, par lumbosacral soft tissues, dorsal aspects of bilateral wrists and anterior medial aspect of bilateral knees. Her lumbar flexion is 75 degrees, extension is 5 degrees, lateral flexion is 10 degrees bilaterally and rotation is 15 degrees bilaterally. The patient complains of insomnia. Per progress report 06/24/14, the list of diagnoses is: 1) Pain in thoracic spine 2) Lumbago 3) Sprain shoulder/ arm Nos 4) Sprain of knee & Leg Nos 5) Sprain of neck 6) Bilateral wrist/hand tenosynovitis. Per progress report 09/05/14, the patient has had physical therapy, acupuncture, injections, medications and shock wave therapy for her upper back. The utilization review determination being challenged is dated on 11/10/14. Treatment reports were provided from 06/24/14 to 10/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective medication custom compound cream s Caps 3 TGC 240 gm, Capasicin 0.037 5% , Menthol 5%, Camphor 2%: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical creams (Chronic pain section); Capsaicin, topical Page(s): 111, 113; 28-29.

Decision rationale: The patient presents with pain in her multiple body parts including her neck, mid and lower back. The request is for Retro Medication Custom Compound Creams, Caps 3tgc 240 Gm, Capsaicin 0.375% - Menthol 5%, Camphor 2%. The patient appears to have not used this cream in the past. MTUS guidelines page 111 recommend Capsaicin "only as an option in patients who have not responded or are intolerant to other treatments." MTUS guidelines page 28 and 29 further states that "there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over 0.025% formulation would provide any further efficacy. In this case, review of the reports suggests that the patient has had physical therapy, acupuncture, injections, medications and shock wave therapy in the past. The prescribed compounded product is not supported by the MTUS as capsaicin is not allowed at greater than 0.025% concentration. The request IS NOT medically necessary.

Retrospective compounded medication FLA Cream 240gm, Flubiprofen 20%, Lidocaine 5%, Amitriptyline 5%: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with pain in her multiple body parts including her neck, mid and lower back. The request is for Retro Medication Custom Compound Creams, - Fla Cream 240gm, Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5%. The patient appears to have not used this cream in the past. MTUS guideline page 111 recommends Non-steroidal antiinflammatory agents (NSAIDs) as topical analgesics for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (4-12 weeks)." MTUS page 111 states that lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain. In this case, the patient suffers from bilateral wrist/ hand tenosynovitis which indicates the use of Flurbiprofen. Regarding Lidocaine, while there are diagnoses of pain in neck, low back and knees, there is no evidence of "localized pain that is consistent with neuropathic etiology." Lidocaine is only allowed in a patch formulation as well. Regarding Amitriptyline, there are no guidelines to support this medication as a topical cream. MTUS page 111 do not support compounded topical products if one of the components are not recommended. The request IS NOT medically necessary.

