

Case Number:	CM15-0008560		
Date Assigned:	01/26/2015	Date of Injury:	09/18/1980
Decision Date:	03/17/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/15/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 69 year old male, who sustained an industrial injury on September 18, 1980. His diagnoses include lumbar discopathy with disc displacement, lumbar stenosis, lumbar spondylolisthesis, and bilateral sacroiliac arthropathy. He has been treated with compound creams, and muscle relaxant and pain medications. On December 6, 2014, his treating physician reports continued lower back pain with radiation into the bilateral legs despite treatment. Associated symptoms include numbness, tingling, and weakness of bilateral legs. The medications and compound creams are helpful. The physical exam revealed tenderness to palpation of the lumbar paraspinals musculature, decreased range of motion due to pain and stiffness, positive step-off deformity with pain on palpation, positive bilateral supine straight leg raise at 20 degrees, tenderness over the bilateral sacroiliac joints, and positive Faber and Patrick's tests. The treatment plan included continuing the compound creams and medications. On December 22, 2014 Utilization Review non-certified a prescription for Flurbiprofen 25%/Menthol 10%/Camphor 3%/Capsaicin 0.0375% cream 15gm and a prescription for Flurbiprofen 25%/Menthol 10%/Camphor 3%/Capsaicin 0.0375% cream 60gm, noting the lack of evidence of osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment with Flurbiprofen. There was a lack of documentation of failure of oral non-steroidal anti-inflammatory medication, and regarding the Capsaicin, there was a lack of documentation of the injured worker being intolerant to or has not responded to other treatment. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25%/ Menthol 10%/ Camphor 3%/ Capsaicin 0.0375% cream 15gm: 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: Regarding the request for topical analgesics, the CPMTG specify that all components of a compounded formulation must be recommended for the topical compound to be recommended. In the case of capsaicin, Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 112-113 of 127 state the following: "Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations: Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy."Therefore, in the case of this injured worker, the concentration of capsaicin is outside of the MTUS guidelines. This request is not medically necessary.

Flurbiprofen 25%/ Menthol 10%/ Camphor 3%/ Capsaicin 0.0375% cream 60gm: 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): 76-80.

Decision rationale: Regarding the request for topical analgesics, the CPMTG specify that all components of a compounded formulation must be recommended for the topical compound to be recommended. In the case of capsaicin, Chronic Pain Medical Treatment Guidelines 8 C.C.R.9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 112-113 of 127 state the following: "Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations: Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy."Therefore, in the case of this injured worker, the concentration of capsaicin is outside of the MTUS guidelines. This request is not medically necessary.

