

Case Number:	CM15-0104105		
Date Assigned:	06/11/2015	Date of Injury:	11/08/2013
Decision Date:	07/13/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/29/2015

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

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 28 year old female injured worker suffered an industrial injury on 11/08/2013. The diagnoses included bilateral shoulders, elbows, wrists, thoracic spine sprain/strain rule out internal derangement and bilateral wrist carpal tunnel syndrome. The injured worker had been treated with medications. On 2/23/2015 the treating provider reported continued burning bilateral shoulder pain radiating down the arms to the fingers associated with muscle spasms rated as 7/10. The injured worker complained of bilateral elbow pain and muscle spasms rated as 8/10 and bilateral wrist pain rated as 7/10. Also there was radicular mid back pain with spasms rated 8/10. On exam there was reduced range of motion of the shoulders, elbows, thoracic spine and wrists. The treatment plan included retrospective DOS 2/26/15 Capsaicin 0.025% Flurbiprofen 15%, Gabapentin 10% Menthol 2% Camphor 2% and Cyclobenzaprine 2% Flurbiprofen 25%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medications (retrospective DOS 2/26/15) - Capsaicin 0.025% Flurbiprofen 15%, Gabapentin 10% Menthol 2% Camphor 2% - 180 gm: Upheld

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

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

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID and anti-epileptic over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this anti-seizure medication for this chronic injury without improved functional outcomes attributable to their use. The Compound medications (retrospective DOS 2/26/15) - Capsaicin 0.025% Flurbiprofen 15%, Gabapentin 10% Menthol 2% Camphor 2% - 180 gm is not medically necessary and appropriate.

Compound medications (retrospective DOS 2/26/15) - Cyclobenzaprine 2% Flurbiprofen 25% - 180 gm: Upheld

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

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

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID and muscle relaxant over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. It is also unclear why the patient is being prescribed 2 concurrent anti-inflammatories, posing an increase risk profile without demonstrated extenuating circumstances and indication. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this muscle relaxant medication for this chronic injury without improved functional outcomes attributable to their use. The Compound medications (retrospective DOS 2/26/15) - Cyclobenzaprine 2% Flurbiprofen 25% - 180 gm is not medically necessary and appropriate.