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| Case Number: | CM15-0104711 | | |
| Date Assigned: | 06/09/2015 | Date of Injury: | 01/05/2015 |
| Decision Date: | 07/10/2015 | UR Denial Date: | 05/07/2015 |
| Priority: | Standard | Application Received: | 06/01/2015 |

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: Massachusetts

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 47 year old female, who sustained an industrial injury on 1/5/2015. She reported cumulative trauma. The injured worker was diagnosed as having cervical sprain/strain, thoracic sprain/strain, lumbar sprain/strain and left shoulder sprain. There is no record of a recent diagnostic study. Treatment to date has included medication management. In a progress note dated 4/24/2015, the injured worker complains of mild pain in the cervical spine, pain rated 4-5/10 in the lumbar spine, mild left shoulder pain and bilateral hands and finger pain, rated 4-5/10. Physical examination showed stiffness with movement, difficulty rising from sitting and in significant distress. The treating physician is requesting FMCC (Flurbiprofen 25%, Menthol 10%, Camphor 3%, Capsaicin 0.0375%) topical cream 30 gm with 1 refill and Naproxen 550 mg #60 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550 mg Qty 60 with 1 refills, 1 by mouth 2 times daily as needed: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-73 Page(s): 68-73.

Decision rationale: The claimant sustained a work injury in January 2015 and continues to be treated for neck pain, low back pain, left shoulder pain, and bilateral hand and finger pain. When seen, there was decreased range of motion affecting the spine and upper extremities and multiple areas of tenderness and muscle spasms. Left shoulder impingement testing was positive. There was decreased left shoulder strength and pain with gripping. Oral NSAIDS (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain as in this case. Dosing of naproxen is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the requested dose is in within guideline recommendations and therefore the request is medically necessary.

FMCC (Flurbiprofen 25%, Menthol 10%, Camphor 3%, Capsaicin 0.0375%) topical cream 30 gm with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Capsaicin, topical, p28 (3) Topical Analgesics, p111-113 Page(s): 28, 60, 111-113.

Decision rationale: The claimant sustained a work injury in January 2015 and continues to be treated for neck pain, low back pain, left shoulder pain, and bilateral hand and finger pain. When seen, there was decreased range of motion affecting the spine and upper extremities and multiple areas of tenderness and muscle spasms. Left shoulder impingement testing was positive. There was decreased left shoulder strength and pain with gripping. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. MTUS addresses the use of capsaicin which is recommended as an option in patients who have not responded or are intolerant to other treatments. It is indicated in patients with conditions that include osteoarthritis, fibromyalgia, and chronic non-specific back pain. Guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. In this case, the claimant is also being prescribed oral Naproxen and prescribing another NSAID medication is duplicative. Therefore the requested compounded medication is not medically necessary.