

Case Number:	CM15-0108849		
Date Assigned:	06/15/2015	Date of Injury:	07/10/2014
Decision Date:	07/21/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/05/2015

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: Preventive Medicine, Occupational Medicine

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 40-year-old male, who sustained an industrial injury on 7/10/14. He reported initial complaints of cervical and lumbar spine and upper extremities pain. The injured worker was diagnosed as having cervical sprain with headaches; left C5-7 radiculopathy/left leg weakness; left wrist sprain; de Quervain's; left thumb sprain; lumbar sprain; right foot plantar fasciitis; gastritis due to medications; thoracic spine, right shoulder; right arm; right hand/fingers; stress/anxiety/insomnia. Comorbid conditions include bipolar disorder and obesity (BMI 30.4). Treatment to date has included physical therapy; occupations therapy; left wrist/thumb spica splint; medications. Diagnostics included X-ray left thumb (7/11/14); EMG/NCV bilateral upper extremities (10/27/14). Currently, the PR-2 notes dated 5/6/15 indicated the injured worker complained of cervical spine pain rated at 4/10 with right upper extremity radicular pain. He also complained of headaches. The injured worker reported that chiropractic therapy was mildly helpful with improving pain and mobility. His lumbar spine pain was rated at 5/10 and he was taking less ibuprofen for pain. He notes his left wrist pain was 1/10 and improving but his right heel pain was rated at 4/10. The provider physical examination noted cervical and lumbar stiffness, tenderness and decreased range of motion. The provider requested authorization for FMCC #2 and the provider requested a MRI to rule out I-D as injured worker has had therapy, injections with only mild relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

FMCC Qty 2.00: 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 Capsaicin, topical; NSAIDs (non-steroidal anti-inflammatory drugs); Topical Analgesics Page(s): 28-9, 67-73, 111-13. Decision based on Non-MTUS Citation Klinge SA, Sawyer GA. Effectiveness and safety of topical versus oral non-steroidal anti-inflammatory drugs: a comprehensive review. Phys Sportsmed. 2013 May;41(2):64-74.

Decision rationale: Flurbiprofen 25%-Menthol 10%-Camphor 3%-Capsaicin 0.0375% Topical Cream is a combination product formulated for use as a topical analgesic. Topical analgesic medications have been shown to give local analgesia. The use of topical agents to control pain is considered an option by the MTUS although it is considered largely experimental, as there is little to no research to support their use and their use is primarily recommended for osteoarthritis or neuropathic pain when trials of antidepressants and anticonvulsants have failed. Flurbiprofen is classified as non-steroidal anti-inflammatory drug (NSAID) and studies have shown NSAIDs have been effective when given topically in short-term use trails for chronic musculoskeletal pain. However, long-term use of topical NSAIDs has not been adequately studied. Menthol is a topical analgesic medication with local anesthetic and counter-irritant qualities. The MTUS does not recommend for or against its use for chronic pain. Camphor is a topical medication with local anesthetic and antimicrobial properties. The MTUS does not recommend for or against its use for chronic pain. Capsaicin is a capsaicinoid compound with analgesic properties usually formulated as 0.025% for osteoarthritis or 0.075% for neuropathic pain. It is used medically in the form of a topical ointment, spray or patch and is indicated for the temporary relief of minor aches and pains of muscles and joints. It has also been used to treat the itching and inflammation caused by psoriasis. When compared to a placebo, its use has been superior in relieving chronic neuropathic pain and musculoskeletal pain. However, there are no evidence-based studies using 0.0375% preparations and no evidence that this higher dose formulation is superior to 0.025%. The MTUS recommends its use as option for treating pain in patients intolerant to other treatments. It is important to note the MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." This patient has no documented intolerance to other treatments nor contraindications for use of other approved evidence-based chronic pain medications such as antidepressants, oral NSAIDs or antiepileptic medications. In addition, the patient is already taking an oral NSAID (ibuprofen). Although head-to-head studies of oral and topical NSAIDs show either therapy is appropriate to treat tendon or joint inflammation there is no scientific evidence to support using both simultaneously. In consideration of this later point, there is no indication for adding topical NSAIDs to this patient's treatment regimen. Medical necessity for use of this medication is not medically necessary.