

Case Number:	CM15-0131460		
Date Assigned:	07/17/2015	Date of Injury:	04/12/2012
Decision Date:	08/20/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/07/2015

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 injured worker is a 47 year old male, who sustained an industrial injury on 04/12/2012. He has reported injury to the low back. The diagnoses have included cervical spine sprain/strain with left upper extremity radiculopathy, secondary to disc protrusion; left shoulder tendinitis; lumbar spine sprain/strain with disc protrusion, bilateral lower extremity radiculopathy; and right ankle/foot sprain/strain. Treatment to date has included medications, diagnostics, bracing, epidural steroid injection, chiropractic, and physical therapy. Medications have included Hydrocodone, Naproxen, Flexeril, Prilosec, and compounded topical creams. A progress note from the treating physician, dated 05/18/2015, documented a follow-up visit with the injured worker. The injured worker reported pain in the cervical spine, rated at 6/10 on the visual analog scale; pain in the lumbar spine with right lower extremity radicular pain, rated at 6/10 on the pain scale; he would like to try conservative treatments first; scheduling for physical therapy and acupuncture is pending; and the medications are helpful. Objective findings included. The treatment plan has included the request for FMCC (Flurbiprofen 25%, Menthol 10%, Camphor 3%, Capsaicin 0.0375%) with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

FMCC (flubiprofen 25%, menthol 10%, camphor 3%, Capsaicin 0.0375%) with 1 refill:
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 analgesic Capsaicin, topical Medications for chronic pain Page(s): 111-113, 29, 60.

Decision rationale: Based on the 05/18/15 progress report provided by treating physician, the patient presents with cervical spine pain rated 6/10 and lumbar spine pain rated 6/10 with right lower extremity radicular pain. The request is for FMCC (FLUBIPROFEN 25%, MENTHOL 10%, CAMPHOR 3%, CAPSAICIN 0.0375%) WITH 1 REFILL. RFA dated 05/28/15 provided. Patient's diagnosis on 05/18/15 includes cervical spine sprain/strain left upper extremity radiculopathy secondary to disc protrusion, left shoulder tendonitis sprain/strain, lumbar spine sprain/strain with disc protrusion, bilateral lower extremity radiculopathy, and right ankle/foot sprain/strain. Per 05/18/15 report, the patient's gait is within normal limits and moves about without difficulty. Treatment to date has included medications, diagnostics, bracing, epidural steroid injection, chiropractic, and physical therapy. Medications have included Hydrocodone, Naproxen, Flexeril, Prilosec, and compounded topical creams. The patient may return to modified duty, per 05/18/15 report. MTUS Guidelines pages 111 has the following regarding topical creams: "Topical Analgesics: Recommended as an option as indicated below. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." Guidelines also do not support the use of topical NSAIDs such as Voltaren for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis." MTUS further states, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS, pg 29, Capsaicin, topical, "Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain... 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. MTUS page 60-61 states: "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." A record of pain and function with the medication should be recorded." Treater has not provided medical rationale for the request, nor indicated what body part would be treated. In this case, the requested topical contains 0.0375% formulation of capsaicin, which is not supported by MTUS for topical use in lotion form. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.