

Case Number:	CM15-0140889		
Date Assigned:	07/30/2015	Date of Injury:	10/12/2012
Decision Date:	08/31/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/20/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 61 year-old male, who sustained an industrial injury on 10-02-2012. He has reported injury to the neck and low back. The diagnoses have included cervicobrachial syndrome; multilevel cervical degenerative disc disease per MRI; mild degenerative lumbar disc disease per MRI; and lumbago. Treatment to date has included medications and diagnostics. Medications have included Ibuprofen, Naproxen, and compounded transdermal creams. A progress note from the treating physician, dated 06-02-2014, documented a follow-up visit with the injured worker. The injured worker reported that his low back pain is feeling better; he rates his low back pain as 1-3 out of 10 on the pain scale; he is having wrist symptomatology; he is currently taking Ibuprofen and Naproxen which are both helping; he is in need of transdermal creams which he uses on an as-needed basis; he is not attending any form of therapy at this time; and he is currently working modified duty. Objective findings included he is in no acute distress; he is in good mood and affect; there is pain with heel-toe walking which notes weakness; there is midline tenderness in the paralumbar musculature with spasm and tightness; there is reduced lumbar range of motion with some referral to the mid back; there is mild pain on resisted leg extension; and neuro exam is intact. The treatment plan has included the request for 1 prescription for Flurbiprofen 25%-Menthol 10%-Camphor 3%-Capsaicin 0.0375% 120gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Flurbiprofen 25% / Menthol 10% / Camphor 3% / Capsaicin 0.0375% 120gm: 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 topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. According to the MTUS guidelines, Capsaicin is recommended in doses under .025%. An increase over this amount has not been shown to be beneficial. In this case, the claimant does not have arthritis and long term use is not indicated There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. In addition, the claimant was also prescribed the above in combination with additional topical analgesics and Norco. The topical Flurbiprofen/Capsaicin/Camphor is not medically necessary.