

Case Number:	CM15-0143933		
Date Assigned:	08/04/2015	Date of Injury:	03/25/2014
Decision Date:	09/08/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/24/2015

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 63 year old male, who sustained an industrial injury on 3-25-2014. He reported cumulative injuries to the neck, mid and low back, bilateral shoulders, wrists and hands. Diagnoses include cervical sprain, thoracic sprain, lumbar sprain, bilateral shoulder sprain, bilateral carpal tunnel syndrome, and bilateral carpometacarpal. Treatments to date include activity modification, medication therapy, physical therapy, and acupuncture treatments. Currently, he complained of pain in the neck, mid and low back, bilateral shoulders, wrists and hands. On 1-23-15, the QME physical examination documented tenderness to cervical, thoracic, and lumbar muscles as well as bilateral shoulders, wrists, and palmar aspect of the hands. There were multiple positive muscular diagnostic tests. The appeal requested authorization of a prescription for compound topical cream (Capsaicin 0.025% - Flurbiprofen 15%- Tramadol 15% - Menthol 2% - Camphor 2%) 240 grams with one refills dated 5-6-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol2%, Camphor 2% 240gm with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation <http://www.lginfo.ca.gov>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The 63 year old patient complains of pain in neck, bilateral shoulders, bilateral hands, lower back, bilateral knees, and bilateral feet along with GERD, depression and sleep disturbance, as per progress report dated 01/23/15. This is a RETROSPECTIVE REQUEST FOR CAPSAICIN 0.025%, FLURBIPROFEN 15%, TRAMADOL 15%, MENTHOL 2%, CAMPHOR 2% 240gm WITH 1 REFILL. There is no RFA for this case, and the patient's date of injury is 03/25/14. The patient is status post-right knee surgery in 1985, status post right knee ligament reconstruction in 2006, and left knee arthroscopic in 2005, as per progress report dated 01/23/15. Diagnoses included cervical strain with anterior cervical spondylosis at C5-6, moderate left carpal tunnel syndrome, mild to moderate right carpal tunnel syndrome, bilateral shoulder impingement syndrome, lower back strain with left lower extremity S1 radiculopathy, hypertension and sleep disturbance. The pain is rated at 7-8/10, as per progress report dated 07/25/15 after the UR denial date. The patient is working, as per progress report dated 01/23/15. The MTUS guidelines, page 111, do not support the use of topical NSAIDs such as Flurbiprofen for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. MTUS Guidelines also provide clear discussion regarding topical compounded creams on pg 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, none of the progress reports document the use of this topical formulation. It is not clear, if this is the first prescription for the cream or if the patient has used it in the past. There is no discussion regarding efficacy. The patient does suffer from bilateral knee and feet pain and may benefit from topical Flurbiprofen. However, MTUS does not support the use of Tramadol in topical form. The Guidelines also provide clear discussion regarding topical compounded creams on pg 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Additionally, the treater does not indicate where and how the cream will be used. Hence, the request IS NOT medically necessary.