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| Case Number: | CM15-0145763 | | |
| Date Assigned: | 08/06/2015 | Date of Injury: | 10/05/2011 |
| Decision Date: | 09/03/2015 | UR Denial Date: | 07/10/2015 |
| Priority: | Standard | Application Received: | 07/27/2015 |

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 54 year old female who sustained an industrial injury on 10-5-11 involving trauma to the left hand, repetitive trauma and a slip and fall hurting knees and low back (per first report of occupational injury 1-6-15). She currently complains of low back pain with a pain level of 7 out of 10; bilateral knee pain (8 out of 10); bilateral hand pain (8 out of 10); bilateral wrist pain (8 out of 10). On physical exam there was tenderness on palpation of the lumbar spine with decreased range of motion and spasms; there was bilateral knee tenderness with decreased range of motion; tenderness to bilateral wrists, hands with decreased range of motion and positive Phalen's test. Medications were Elavil, Anaprox, Prilosec, Flexeril, Ultracet and topical creams. Diagnoses include lumbar herniated nucleus pulposus; bilateral knees meniscal tear; bilateral carpal tunnel syndrome; myospasm. Treatments to date include physical therapy; acupuncture. On 3-11-15, the treating provider's plan of care included requests for flurbiprofen 10%, Capsaicin 0/025%, Menthol 2%, Camphor 1%, 120 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 10%/ Capsaicin 0.025%/Menthol 2%/ Camphor 1%, 120mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Topical Analgesics.

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 antidepressants and anticonvulsants 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. 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. The claimant had been on oral NSAIDS as well as other topicals as well. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The Flurbiprofen 10%/ Capsaicin 0.025%/Menthol 2%/ Camphor 1%, 120mg is not medically necessary.