

<b>Case Number:</b>	CM15-0148594		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	07/16/2013
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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 40 year old male, who sustained an industrial injury on July 16, 2013. He reported cumulative injury with left wrist complaints, anxiety and depression. The injured worker was diagnosed as having left wrist sprain strain, status post left wrist surgery, anxiety and depression. Treatment to date has included surgery, psychotherapy, wrist brace, exercises and medications. A report dated January 30, 2015, did not include recent subjective complaints made by the injured worker. The physician noted that since his last evaluation of June 2014, the injured worker has had no medical treatment. The injured worker was noted to not be at maximum medical improvement. The recommendation was for further treatment with a pain management physician, psychiatric treatment and psychological treatment. On July 14, 2015, Utilization Review non-certified the request for Capsaicin 0.025%, Flurbi (NAP) cream-LA 180 grams, citing California MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.025%, Flurbi (NAP) Cream-LA 180grams:** 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 analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. 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 length of use is not specified. There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. Since the compound in question contains Flurbiprofen, the Capsaicin 0.025%, Flurbi (NAP) Cream-LA 180grams is not medically necessary.