

Case Number:	CM15-0148707		
Date Assigned:	08/12/2015	Date of Injury:	06/28/2012
Decision Date:	09/09/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/31/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 27-year-old female, who sustained an industrial injury on 6-28-12. The injured worker was diagnosed as having cervical spine disc protrusion in exacerbation, left shoulder sprain or strain, adhesive capsulitis in exacerbation, and continued stomach problems. Treatment to date has included extracorporeal shockwave therapy, physical therapy, manipulating therapy, injections, and medication. Currently, the injured worker complains of headaches, neck pain, and left shoulder pain. The treating physician requested authorization for Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Menthol 2%, Dexamethasone Micro 0.2%, Capsaicin 0.25%, Hyaluronic Acid 0.2% in cream base 210g for a 30-day supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20 Percent/Baclofen 5 Percent/Camphor 2 Percent/Menthol 2 Percent/Dexamethasone Micro .2 Percent/Capsaicin .025 Percent/Hyaluronic Acid .2 Percent in Cream Base 210 Gram for 30 Day Supply #1: 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 and Salicylate topicals Page(s): 111-113 and 105. Decision based on Non-MTUS Citation Brown, M. B., and S. A. Jones.

Decision rationale: Flurbiprofen 20 Percent/Baclofen 5 Percent/Camphor 2 Percent/Menthol 2 Percent/Dexamethasone Micro .2 Percent/Capsaicin .025 Percent/Hyaluronic Acid .2 Percent in Cream Base 210 Gram for 30 day supply is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and an online review of topical hyaluronic acid. The guidelines state that topical NSAIDs (such as Flurbiprofen) are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Menthol and Camphor are ingredients in Ben Gay which is a methyl salicylate and supported by the MTUS. A review online of hyaluronic acid reveals that it can be used as a vehicle for topical drugs through the skin. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS does not support topical Baclofen and there are no extenuating circumstances in the documentation submitted which would necessitate going against guideline recommendations therefore this entire cream is not medically necessary.