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| Case Number: | CM15-0161334 | | |
| Date Assigned: | 08/27/2015 | Date of Injury: | 06/20/2014 |
| Decision Date: | 10/02/2015 | UR Denial Date: | 07/30/2015 |
| Priority: | Standard | Application Received: | 08/17/2015 |

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, Hawaii
 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 47 year old male, who sustained an industrial injury on 6-20-14. He has reported initial complaints of right shoulder and lumbar spine injuries as a passenger in an automobile accident. The diagnoses have included right shoulder sprain and strain, partial thickness rotator cuff tear and status post right shoulder surgery, lumbar spine strain and sprain, lumbar osteosclerosis and lumbar retrolisthesis and sleep disorder. Treatment to date has included medications, activity modifications, diagnostics, surgery, acupuncture and other modalities. Currently, as per the physician progress note dated 5-6-15, the injured worker complains of right shoulder pain rated 4 out of 10 on pain scale status post-surgery on 4-14-15. He also complains of lumbar spine pain rated 5 out of 10 on pain scale and is scheduled to have lumbar epidural steroid injection (ESI) on 5-12-15. The current medications included Norco, Ibuprofen and Flurbiprofen-Menthol-Capsaicin-Camphor cream. The urine drug screen dated 6-8-15 was inconsistent with the medications prescribed. The physician notes that the functional change since the last exam has improved and there is decreased pain and intensity. There are no other physical findings noted. Work status is temporary total disability. The physician requested treatment included Flurbiprofen-Menthol-Capsaicin-Camphor cream 240 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen-Menthol-Capsaicin-Camphor cream 240 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The patient presents with right shoulder pain. He is status post bilateral L4, L5 and S1 facet medial nerve radiofrequency rhizotomy from 07/07/2015. The current request is for Flurbiprofen-Menthol-Capsaicin-Camphor cream 240g. The treating physician's handwritten report dated 07/14/2015 (88B) states, "Status post median branch nerve block at L4-S1 05/12/2015 with 90% overall improvement for 3 days, pain back up to 5-6/10 now. Right shoulder pain 3/10, increased range of motion, to begin physical therapy today." The patient feels worse since last visit. No objective findings were noted. The physician does not provide a rationale for the request. The MTUS Guidelines page 111 on topical analgesics states that it is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, "Any compounded product that contains at least one drug -or drug class- that is not recommended is not recommended." MTUS also states that Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment of osteoarthritis. It is, however, indicated for short term use, between 4-12 weeks. It is indicated for patient with Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. In this case, the patient presents with shoulder and spine pain. Topical compounds are not recommended for treatment of osteoarthritis of the spine, hip or shoulder. The current request is not medically necessary.