

Case Number:	CM15-0162931		
Date Assigned:	08/31/2015	Date of Injury:	01/12/2014
Decision Date:	10/13/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/19/2015

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: Preventive Medicine, Occupational 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 54 year old female, who sustained an industrial injury on January 12, 2014. She reported bilateral neck pain, left shoulder pain, left forearm, elbow and wrist pain, left mid back pain, left low back pain, left hip pain, left knee pain, left calf pain and left ankle pain with associated dizziness, anxiety and stress. The injured worker was diagnosed as having cervical IVD disorder with mylopathy, lumbar IVD disorder with myelopathy, rotator cuff syndrome of the shoulder and status post arthroscopic shoulder surgery. Treatment to date has included diagnostic studies, surgical intervention of the shoulder, conservative care, medications and work restrictions. Currently, the injured worker continues to report bilateral neck pain, left shoulder pain, left forearm, elbow and wrist pain, left mid back pain, left low back pain, left hip pain, left knee pain, left calf pain and left ankle pain with associated dizziness, anxiety and stress. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on August 20, 2015, revealed continued pain as noted. She rated her pain at 6 on a 1-10 scale with 10 being the worst and noted at best the pain was rated at 4 and at worst the pain was rated at 10. It was noted she moved very slow secondary to pain. Medications including a topical cream were continued. Magnetic resonance imaging (MRI) of the left hip on March 1, 2015, revealed a slight lobularity of the posterior aspect of the uterine body that may suggest a fibroid and no other abnormalities. Lumbar spine MRI revealed mild to moderate facet disease, small effusion with mild bone marrow edema, remote disc disease and no fracture or soft tissue edema. Cervical MRI revealed minimal effacement of the anterior thecal sac and no other

significant pathology. FCL (Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, Hyaluronic Acid 0.020%) 180gm #1 was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCL (Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, Hyaluronic Acid 0.020%) 180gm #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects, Topical Analgesics.

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical capsaicin is recommended by the MTUS Guidelines only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. Topical NSAIDs, have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. Topical flurbiprofen is not an FDA approved formulation. Menthol is not addressed by the MTUS Guidelines or the ODG, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well and binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. Camphor is not addressed by the MTUS Guidelines or the ODG, but it often included in formulations of anesthetic agents. It is used topically to relieve pain and reduce itching. It is used topically to increase local blood flow and as a “counterirritant” which reduces pain and swelling by causing irritation. The MTUS Guidelines state that there is no evidence for use of muscle relaxants, such as baclofen, as a topical product. As at least one of the medications in the compounded medication is not recommended by the established guidelines, the request for FCL (Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, Hyaluronic Acid 0.020%) 180gm #1 is determined to not be medically necessary.