

Case Number:	CM15-0165109		
Date Assigned:	09/02/2015	Date of Injury:	01/10/2013
Decision Date:	10/22/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/24/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, 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 55 year old female who sustained an industrial injury on 1-10-13. Diagnoses include: headache, cervical radiculopathy, cervical sprain and strain, right and left shoulder muscle spasm and sprain and strain, left elbow sprain and strain, left wrist sprain and stain, loss of sleep, anxiety and depression. Progress report dated 7-18-15 reports continued complaints of head, neck, bilateral shoulder, left elbow and bilateral wrist pain. Head pain happens a few times per weeks with a dull headache. The neck pain is dull and aching associated with headaches and radiating pain, tingling and numbness to the bilateral upper extremities. Bilateral shoulder/left elbow/wrist pain is dull and aching. The left wrist is worse than the right, and is associated with radiating pain, tingling and numbness to the fingers. The pain is rated 9 out of 10 without medications and 3 out of 10 with medications. The pain is aggravated by movement and activity and is relieved with rest and medication. She also has complaints of loss of sleep due to the pain. Treatments include: medication (alprazolam - for anxiety, stress, insomnia), physical therapy, acupuncture, chiropractic care, injections, pain management, prescribed flurbiprofen 20%, baclofen 5%, camphor 5%, menthol 2%, dexamethasone micro 0.2%, capsaicin 0.025%, hyaluronic acid 0.2% in cream base 240 gms, and amitriptyline HCL 10%, gabapentin 10%, bupivacaine HCL 5%, hyaluronic acid 0.2% in cream base 240 gms, dispensed; prilosec-omeprazole, Tramadol, and alprazolam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Baclofen 5%, Camphor 5%, Menthol 2%, Dexamethasone Micro 0.2%, Capsaicin 0.025%, Hyaluronic Acid 0.2% 240 grams: 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): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed." The medical documents do not indicate failure of anti-depressants or anti-convulsants. Treatment notes dated 6/16/2015 indicate that Alprazolam was dispensed, but was anxiety, stress, and insomnia. FLURBIPROFENMTUS states that the only FDA- approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. BACLOFENMTUS states that topical Baclofen is "Not recommended." MENTHOLODG only comments on menthol in the context of cryotherapy for acute pain, but does state, "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." CAPSAICINMTUS recommends topical capsaicin "only as an option in patients who have not responded or are intolerant to other treatments." There is no indication that the patient has failed oral medication or is intolerant to other treatments. Additionally, ODG states "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this request, Flurbiprofen, baclofen, menthol, and capsaicin are not guideline recommended. Given the lack of documented failure of antidepressants or anticonvulsants and at least one component containing a non-recommended medication, the request for Flurbiprofen 20%, Baclofen 5%, Camphor 5%, Menthol 2%, Dexamethasone Micro 0.2%, Capsaicin 0.025%, Hyaluronic Acid 0.2% 240 grams not medically necessary.