

Case Number:	CM15-0181355		
Date Assigned:	09/22/2015	Date of Injury:	01/27/2003
Decision Date:	10/28/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/15/2015

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 with an industrial injury dated 01-27-2003. Medical record review indicates she is being treated for cervical spine degenerative disc disease, bilateral upper extremity radiculopathy, status post right DeQuervains release and complex regional pain syndrome right upper extremity. The progress note dated 07-10-2015 notes the injured worker presented with neck pain rated 5-6 out of 10 with occasional numbness in the upper extremities and headaches. She also complained of right elbow pain rated as 5 out of 10, right wrist and right hand pain rated as 7 out of 10 with "itchiness" and occasional numbness in the hand. The treating physician documented "Patient reports no improvements since her last follow up in the office." Physical exam (07-10-2015) documented painful range of motion with tenderness along the paraspinal musculature with edema and "diffuse" tenderness on the right arm and forearm. Range of motion of the left shoulder was decreased with "diffuse" tenderness in the left upper extremity. In the progress note dated 05-18-2015 the injured worker's medications were listed as Norco, Neurontin, Skelaxin and (resume) Cymbalta. Prior treatment included physical therapy and medications. The treatment plan was for physical therapy, pain management and topical cream. The treatment request is for: Retrospective request for Flurbiprofen 25%/Menthol 10%/Camphor 3%/Capsaicin 0.0375% (gm) with date of service of 7/10/2015, QTY: 60.00. Retrospective request for Flurbiprofen 25%/Menthol 10%/Camphor 3%/Capsaicin 0.0375% (gm) with date of service of 7/10/2015, QTY: 30.00. On 09-04-2015 the following requests were denied by utilization review: Retrospective request for Flurbiprofen 25%/Menthol 10%/Camphor 3%/Capsaicin 0.0375% (gm) with date of service of 7/10/2015, QTY: 60.00. Retrospective request for Flurbiprofen 25%/Menthol 10%/Camphor 3%/Capsaicin 0.0375% (gm) with date of service of 7/10/2015, QTY: 30.00

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Flurbiprofen 25%/Menthol 10%/Camphor 3%/Capsaicin 0.0375% (gm) with date of service of 7/10/2015, QTY: 30.00: 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): NSAIDs (non-steroidal anti-inflammatory drugs), Capsaicin, topical, 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. The injured worker's pain is not described as pain from osteoarthritis. Topical flurbiprofen is not an FDA approved formulation. Camphor is not addressed by the MTUS Guidelines or the ODG, but it is 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. Menthol is not addressed by the MTUS Guidelines, 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 as 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. As at least one of the medications in the requested compounded medication is not supported by the guidelines, the request for retrospective request for Flurbiprofen 25%/Menthol 10%/Camphor 3%/Capsaicin 0.0375% (gm) with date of service of 7/10/2015, QTY: 30.00 is determined to not be medically necessary.

Retrospective request for Flurbiprofen 25%/Menthol 10%/Camphor 3%/Capsaicin 0.0375% (gm) with date of service of 7/10/2015, QTY: 60.00: 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): Capsaicin, topical, NSAIDs (non-steroidal anti-inflammatory drugs), 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. The injured worker's pain is not described as pain from osteoarthritis. Topical flurbiprofen is not an FDA approved formulation. Camphor is not addressed by the MTUS Guidelines or the ODG, but it is 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. Menthol is not addressed by the MTUS Guidelines, 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 as 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. As at least one of the medications in the requested compounded medication is not supported by the guidelines, the request for retrospective request for Flurbiprofen 25%/Menthol 10%/Camphor 3%/Capsaicin 0.0375% (gm) with date of service of 7/10/2015, QTY: 60.00 is determined to not be medically necessary.