

Case Number:	CM15-0188588		
Date Assigned:	09/30/2015	Date of Injury:	12/17/2006
Decision Date:	11/13/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/24/2015

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: Texas, New York, 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 applicant is a represented 65-year-old [REDACTED] beneficiary who has filed a claim for chronic shoulder and upper arm pain reportedly associated with an industrial injury of December 17, 2006. In a Utilization Review report dated September 18, 2015, the claims administrator failed to approve a request for a flurbiprofen-containing topical compound apparently prescribed and/or dispensed on or around September 3, 2015. On July 1, 2015, the applicant reported ongoing complaints of shoulder pain. The applicant was on tramadol, Ambien, metformin, glipizide, and Coreg, it was reported. The applicant was not working, it was acknowledged. Multiple medications were renewed, including Ultram and Ambien. The applicant's permanent work restrictions were likewise renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flurbiprofen 25%/menthol 10%/Camphor 3%/Capsaicin .0375%/Ultraderm base #1 (dos 9/3/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical.

Decision rationale: No, the request for a flurbiprofen-menthol-camphor-capsaicin-containing compound was not medically necessary, medically appropriate, or indicated here. As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, topical capsaicin, i.e., the quaternary ingredient in the compound, is recommended only as a last-line option, for applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's concomitant usage of what the MTUS Guideline in ACOEM Chapter 3, page 47 considers first-line oral pharmaceuticals such as tramadol effectively obviated the need for the capsaicin-containing compound at issue. Therefore, the request was not medically necessary.