

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0190692 | | |
| Date Assigned: | 10/02/2015 | Date of Injury: | 03/26/2007 |
| Decision Date: | 11/12/2015 | UR Denial Date: | 09/11/2015 |
| Priority: | Standard | Application Received: | 09/28/2015 |

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 64 year old male, who sustained an industrial injury on 3-26-2007. A review of the medical records indicates that the injured worker is undergoing treatment for anterior and anterolateral left knee synovitis and status post medial unicompartament replacement. On 7-21-2015, the injured worker reported left leg numbness on walking and left knee anterior constant soreness. The Primary Treating Physician's report dated 7-21-2015, noted the injured worker was working with the physical examination showing the left knee sore to the anterior and anterolateral region with range of motion (ROM) 0-135 and no laxity noted. Prior treatments have included physical therapy, TENS, H-wave, and medications including Omeprazole, Naprosyn, Tramadol, Doxazosin, and Fosinopril. The treatment plan was noted to include Vicodin prn, topical Flurbiprofen to the left knee, a repeat urine analysis, and pending authorization for arthroscopic debridement-synovectomy of the left knee. The request for authorization was noted to have requested retrospective Flurbiprofen-Menthol-Camphor-Capsaicin for the date of service (DOS) of 7-27-2015. The Utilization Review (UR) dated 9-11-2015, non-certified the request for retrospective Flurbiprofen-Menthol-Camphor-Capsaicin for the date of service (DOS) of 7-27-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flurbiprofen/Menthol/Camphor/Capsaicin (DOS- 7/27/2015): 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. 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. As at least one of the medications in the requested compounded medication is not recommended by the established guidelines, the request for retrospective Flurbiprofen/Menthol/Camphor/Capsaicin (DOS- 7/27/2015) is determined to not be medically necessary.