

<b>Case Number:</b>	CM15-0194475		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	4/17/2015
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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: Physical Medicine & Rehabilitation

### 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 34 year old female who sustained an industrial injury on 4-17-2015. A review of the medical records indicates that the injured worker is undergoing treatment for thoracic spine sprain-strain, right shoulder sprain with right upper extremity weakness, right elbow lateral epicondylitis, right wrist sprain-strain rule out carpal tunnel syndrome, and sleep disturbance. On 8-25-2015, the injured worker reported thoracic spine pain rated 6-7 out of 10, right shoulder pain rated 6 out of 10, right elbow pain rated 6 out of 10, and right wrist pain rated 6-7 out of 10, slightly improved since 7-27-2015. The Primary Treating Physician's report dated 8-25-2015, noted the injured worker with palpable thoracic spine trigger points with the Physician noting to try a trigger point injection. Acupuncture was noted to be helpful with pain reduction with the Physician noting request for additional sessions. The injured worker's functional changes were noted to have been slower than expected. The injured worker's current medications were noted to include discontinuation of Motrin and start of Nalfon. The physical examination was noted to show thoracic tenderness and spasms bilaterally. Prior treatments have included 22 sessions of physical therapy, bracing, and Diclofenac Sodium. The treatment plan was noted to include acupuncture treatments, a right shoulder MRI, an electromyography (EMG)-nerve conduction velocity (NCV) of the bilateral upper extremities, trigger point injection to the thoracic spine, and FMCC cream. The injured worker's work status was noted to be able to return to modified duties. The request for authorization dated 8-27-2015, requested Nalfon 400mg #90 and Flurbiprofen, Menthol, Capsaicin, Camphor cream. The Utilization Review (UR) dated 9-3-2015, approved the request for Nalfon 400mg #90 and non-approved the request for Flurbiprofen, Menthol, Capsaicin, Camphor cream.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen, Menthol, Capsaicin, Camphor cream:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The current request is for FLURBIPROFEN, MENTHOL, CAPSAICIN, CAMPHOR CREAM. The RFA is dated 08/27/15. Prior treatments have included 22 sessions of physical therapy, bracing, and medications. The patient may return to modified duty. MTUS Chronic pain guidelines 2009, page 111, Topical Analgesics section states: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. MTUS guidelines page 111, do not support the use of topical NSAIDs such as Flurbiprofen for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. Regarding capsaicin, guidelines state "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Capsaicin is allowed for chronic pain condition such as fibromyalgia, osteoarthritis, and nonspecific low back pain. MTUS Guidelines also states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Per report 08/25/15, the patient presents for a follow up regarding her thoracic spine sprain/strain, right shoulder sprain with right upper extremity weakness, right elbow lateral epicondylitis, right wrist sprain/strain and sleep disturbance. The physical examination revealed tenderness and spasms bilaterally in the thoracic spine. The treater recommended a topical compound cream for "pain." The patient does suffer from shoulder and wrist pain, for which topical Flurbiprofen may be indicated. However, the physician does not explain where and how the cream will be applied. MTUS does not support use of topical Flurbiprofen for axial or spinal pain. In addition, guidelines do not support use of Capsaicin unless other treatments have failed and there is no such indication in the reports available for review. MTUS Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not indicated. Therefore, the request IS NOT medically necessary.