

Case Number:	CM15-0201779		
Date Assigned:	10/16/2015	Date of Injury:	02/27/2005
Decision Date:	11/25/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/13/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 female, who sustained an industrial injury on 2-27-2005. The injured worker was diagnosed as having lumbar discopathy with spondylolisthesis, carpometacarpal arthrosis of the right hand, right wrist tendinitis, bilateral epicondylitis, left knee internal derangement, left knee patella osteoarthritis, left knee medial meniscal tear, status post left knee arthroscopy with chondral debridement and partial medial meniscectomy, possible right shoulder tendinitis, and depression. Treatment to date has included diagnostics, lumbar epidural steroid injection 9-2014, acupuncture, and medications. On 8-14-2015, the injured worker complains of ongoing low back pain (rated 8 out of 10), right upper extremity pain (rated 7 out of 10), aching leg pain (rated 9 out of 10), neck pain (rated 7 out of 10), and aching pain in her feet (rated 10 out of 10). Exam of the right shoulder noted acromioclavicular joint tenderness and mild crepitus, along with painful overhead reach, and strength 3 of 5 against forward flexion. Exam of the lumbar spine noted the inability to toe and heel walk due to pain and weakness to the lower extremities, with positive sciatic stretch. Range of motion was decreased and straight leg raise was positive to the lower extremities. Tried-failed medication included Tramadol (dizziness, rash) and Cymbalta (perspiration). Medication use included Glucosamine, Omeprazole, Eszopiclone, Fenopropfen, Gabapentin, Lidocaine ointment, Cyclobenzaprine, and Cidaflex. Work status was permanent and stationary. The treatment plan included Flurbiprofen 25%, Menthol 10%, Camphor 3%, Capsaicin 0.0375%, 120gm cream, non-certified by Utilization Review on 9-16-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25%, Menthol 10%, Camphor 3%, Capsaicin 0.0375%, 120gm cream:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, Topical Analgesics.

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

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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 case the current request does not meet CA MTUS guidelines and therefore the request is not medically necessary. CA MTUS guidelines state that Capsaicin, topical is recommended only as an option in patients who have not responded or are intolerant to other treatments. The indications for this topical medication are as follows: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. CA MTUS guidelines state that Salicylate topicals are recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. Specific meds: NSAIDs: The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses.