

Case Number:	CM15-0206932		
Date Assigned:	10/23/2015	Date of Injury:	10/16/2002
Decision Date:	12/09/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/21/2015

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: Emergency 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 62 year old female, who sustained an industrial injury on 10-16-2002. The injured worker is undergoing treatment for: bilateral shoulder pain, bilateral knee pain. On 6-30-15, she reported left shoulder pain, and worsened left knee pain. Physical examination revealed decreased bilateral shoulder range of motion with left being worse than right, negative impingement sign, negative hesitation test, tenderness in the right shoulder, and noted good stability, normal muscle strength of the lower extremities, decreased bilateral knee range of motion, crepitation of patellar on left, positive left patellar compression test, and mild swelling of the bilateral knees. There is no discussion of pain reduction with the use of topical creams. The treatment and diagnostic testing to date has included: medications, urine drug screen (4-7-15), right shoulder surgery (1-22-03), MRI of the right shoulder (3-30-10), left shoulder surgery (6- 27-07), right knee surgery (February 2003), right knee replacement (June 2014). Medications have included: topical creams, Tylenol number 3. The medical records indicate she has been utilizing topical creams since at least April 2015, possibly longer. Current work status: temporarily totally disabled. The request for authorization is for: Flurbiprofen 25 percent, lidocaine 5 percent, menthol 5 percent, capsaicin 0.025 percent. The UR dated 9-24-2015: non-certified the request for Flurbiprofen 25 percent, lidocaine 5 percent, menthol 5 percent, capsaicin 0.025 percent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flurbiprofen 25%, Lidocaine 5%, Menthol 5%, Capsaicin 0.025%: 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: As per MTUS guidelines "Any compound product that contains a drug or drug class that is not recommended is not recommended." 1) Flurbiprofen: Shown to be superior to placebo. It should not be used long term. It may be useful. Flurbiprofen is not FDA approved for topical application. There is no justification by the provider as to why the patient requires a non-FDA approved compounded NSAID when there are multiple other approved products including over the counter medications on the market. It is also prescribed with another NSAID leading to risk for toxicity. Flurbiprofen is not medically necessary. 2) Lidocaine: Topical lidocaine is recommended for post-herpetic neuralgia only although it may be considered as off-label use as a second line agent for peripheral neuropathic pain. It may be considered for peripheral neuropathic pain only after a trial of 1st line agent. There is no neuropathic related pathology. Not recommended. 3) Capsaicin: Data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective. There is no documentation of treatment failure or a successful trial of capsaicin. It is not recommended. 3) Menthol: Non active fillers that may have some topical soothing properties. Not a single component of these creams is recommended. Requested compounded product is not medically necessary.