

Case Number:	CM15-0213481		
Date Assigned:	11/03/2015	Date of Injury:	01/08/2015
Decision Date:	12/15/2015	UR Denial Date:	10/10/2015
Priority:	Standard	Application Received:	10/29/2015

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: North Carolina, Georgia

Certification(s)/Specialty: Family Practice

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 59-year-old male, with a reported date of injury of 01-08-2015. The diagnoses include cerebral concussion with persistent headaches and loss of hearing, left shoulder contusion and sprain, left elbow contusion and healing laceration with medial and lateral epicondylitis, left middle finger proximal interphalangeal contusion and sprain, and lumbosacral sprain with bilateral sciatica. The progress report dated 09-17-2015 indicates that the injured worker can only sit, stand, and walk for 30-60 minutes at a time. He has some difficulty reaching and grasping something off a shelf overhead, with gripping, grasping, holding, and manipulating objects with his hands, with forceful activities with his arms and hands, and with repetitive motions such as typing on a computer. The injured worker's pain level averaged 4 out of 10 and was 5 out of 10 at its worst. The objective findings only included the injured worker's height, weight, blood pressure, and pulse. It was noted that the injured worker would continue to be temporarily totally disabled for the next six weeks. The progress report dated 08-14-2015 indicates that he injured worker rated his left shoulder pain 4 out of 10; the headaches 3 out of 10; left elbow pain 4 out of 10; and his lumbar spine pain 4 out of 10. The diagnostic studies to date have included a urine drug screen on 08-14-2015 which was inconsistent for Tramadol; x-ray of the left shoulder on 02-09-2015 which showed degenerative marginal osteophyte off the infraglenoid tubercle; an x-ray of the left elbow on 02-09-2015 which showed traction enthesophyte off the proximal posterior ulna and calcifications adjacent to the lateral epicondyle of the humerus and proximal posterior ulna; and an x-ray of the lumbar spine on 02-09-2015 which showed degenerative anterior superior and anterior inferior endplate

osteophyte at T12-S1 and left lateral superior endplate osteophyte at L3, compression deformity of L5, and calcifications anterior to the disc levels L1-2 and L4-5. Treatments and evaluation to date have included acupuncture, physical therapy, Naproxen, and Tramadol. The treating physician requested Flurbiprofen 25%-Menthol 10%-Camphor 3%-Capsaicin 0.0375% topical cream. It seems that the medication was first prescribed in 05-2015. On 10-10-2015, Utilization Review (UR) non-certified the request for Flurbiprofen 25%-Menthol 10%-Camphor 3%-Capsaicin 0.0375%.

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%: Upheld

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

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

Decision rationale: CA MTUS recommends limited use of topical analgesics. There is limited evidence for short-term use of topical NSAID analgesics for osteoarthritis with most benefit seen in use up to 12 weeks but no demonstrated benefit beyond this time period. CA MTUS specifically prohibits the use of combination topical analgesics in which any component of the topical preparation is not recommended. Menthol is not a recommended topical analgesic. Therefore, flurbiprofen, menthol, camphor, capsaicin cream is not medically necessary and the original UR decision is upheld.