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| Case Number: | CM15-0215914 | | |
| Date Assigned: | 11/05/2015 | Date of Injury: | 05/24/2014 |
| Decision Date: | 12/22/2015 | UR Denial Date: | 10/19/2015 |
| Priority: | Standard | Application Received: | 11/03/2015 |

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 24 year old male, who sustained an industrial injury on 5-24-2014. The injured worker was diagnosed as having cerebral concussion, cervical spine sprain, history of left shoulder dislocation-status post surgery, left pectoral pain, bilateral hand sprain-rule out carpal tunnel syndrome, and lumbar spine sprain with sciatica. Treatment to date has included diagnostics, shoulder surgery 1-2015, physical therapy, and medications. On 9-29-2015, the injured worker reported improving headaches, cervical spine and left shoulder "doing better", lumbar spine pain with radiation to the bilateral hips, and constant numbness and tingling to the bilateral hips. Cervical spine and left shoulder pain was rated 2-3 normally, but increased to 6 out of 10 with movements. Lumbar spine pain was rated 2-3 out of 10 normally but increased to 8 out of 10 with activities. He reported that chiropractic treatment decreased pain. Functional change since last examination noted increased walking distance, increased sitting tolerance, and unchanged ability to lift-carry. Current medication regimen was not specified. Previous medication included Tramadol, which produced headaches. Work status remained modified. The treatment plan included Norco and topical compound medication. On 10-19-2015 Utilization Review non-certified a request for compound Topical: 30gm Flurbiprofen 25%-Menthol 10%-Camphor 3%-Capsaicin 0.0375% topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Topical: 30gm Flurbiprofen 25%-Menthol 10-Camphor 3%-Capsaicin 0.0375% topical: 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): Capsaicin, topical, Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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." MTUS states that the only FDA- approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. MTUS recommends topical capsaicin "only as an option in patients who have not responded or are intolerant to other treatments." There is no indication that the patient has failed oral medication or is intolerant to other treatments. Additionally, ODG states "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." As such, the request for Compound Topical: 30gm Flurbiprofen 25%-Menthol 10-Camphor 3%-Capsaicin 0.0375% topical is not medically necessary.