

Case Number:	CM15-0216774		
Date Assigned:	11/06/2015	Date of Injury:	04/18/2007
Decision Date:	12/21/2015	UR Denial Date:	10/06/2015
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: Indiana, Michigan, California
 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 female who experienced a work related injury on April 18, 2007. Diagnoses include cervical, thoracic and lumbar sprain and strain, cervical degenerative disc disease, cervical muscle spasm, bilateral wrist sprain and strain, bilateral carpal tunnel syndrome, lumbar radiculopathy, lumbar degenerative disc disease and lumbar intervertebral disc displacement with myelopathy. Diagnostics consisted of bilateral hand and wrist radiographs on February 12, 2015 which were unremarkable, a lumbosacral spine radiograph on February 12, 2015 showing anterolisthesis, an EMG and NCV of the cervical spine on June 4, 2013 with chronic C6 root irritation on the left side, Somatosensory evoked potentials of the bilateral upper extremities on December 3, 2008 which were consistent with left medial cord brachial plexopathy, an EMG and NCV of the lumbosacral plexus on August 3, 2015 with right S1 radiculopathy and a upper limb NCV and EMG on September 14, 2015 which was negative. Treatment involved carpal tunnel splints, lumbar corset, physical therapy, acupuncture, TENS unit, cervical and lumbar trigger point injections and medications. The request is for Flurbiprofen 25 percent, Menthol 10 percent, Camphor 3 percent, Capsaicin 0.0375 percent cream, quantity 2.

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% cream (unknown quantity) Qty: 2.00: Upheld

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

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

Decision rationale: The injured worker suffers from chronic pain of various types involving multiple areas of the body which has necessitated a combined and complex treatment regimen. The use of topical analgesics is limited. Per MTUS, topical analgesics are considered largely experimental. The topical analgesic requested includes a NSAID. The efficacy of NSAIDs in clinical trials has been inconsistent and they are recommended for short-term use only. In particular, topical NSAIDS are not recommended for neuropathic pain as there is no evidence to support their use. Capsaicin is another component of the topical analgesic being requested and is recommended only as an option when intolerance or unresponsiveness to other treatments has been established. Capsaicin also has common local adverse effects. Accordingly, the use of topical analgesic therapy of Flurbiprofen, Menthol, Camphor and Capsaicin is not medically necessary and appropriate.