

Case Number:	CM15-0218929		
Date Assigned:	11/10/2015	Date of Injury:	08/16/2013
Decision Date:	12/22/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	11/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 72-year-old male who sustained an industrial injury on 8-16-2013 and has been treated for cervical lumbar discopathy, carpal tunnel double crush syndrome, cervicgia, rue out internal derangement of bilateral shoulders and left knee, and trigger fingers. On 5-15-2015 the injured worker had a right knee arthroscopy. On 9-17-2015 the injured worker reported that his right knee no longer had pain or instability since his surgery 5-15-2015. He did report intermittent pain in the hands and fingers, aggravated by repetitive motions, gripping, grasping, pushing, pulling and lifting, with tingling and numbness in the fingers. Pain was rated 5 out of 10. He also reported constant left knee pain with swelling and buckling characterized as throbbing and rated at 8 out of 10. He had cervical pain radiating into both upper extremities stated to be "burning" with associated headaches rated 7 out of 10, and shoulders were rated as 5. Low back pain was stated to be increasing and constant radiating into the lower extremities and 8 out of 10. Objective findings include tenderness in the cervical, bilateral shoulder, bilateral wrist and hand, lumbar spine and left knee areas. He walked with a normal gait. He is being recommended for left index finger trigger release. Documented treatment includes surgery and Lidocaine 5 percent-Gabapentin 10 percent cream, and Flurbiprofen 10 percent-Capsaicin 0.025 percent cream since at least 7-9-2015. Mechanics of medication use or what body part this is designated for is not evidenced in the provided documentation. The request is for Flurbiprofen 10 percent-Capsaicin 0.025 percent cream which was denied on 10-6-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 10%/Capsaicin 0.025% cream 120 gram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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

Decision rationale: The claimant sustained a work injury in August 2013. His injury occurred when he fell while descending stairs hitting a wall with his face and hands. He had and, neck, low back, left shoulder, and bilateral knee pain. He underwent an arthroscopic meniscectomy with debridement and extensive synovectomy in May 2015. When seen in September 2015, he was no longer having pain or instability. He was having continued left index finger symptoms. He was having pain and triggering. He had not improved after a cortisone injection. Physical examination findings included a body mass index over 33. He had tender nodules over the flexor tendons of the right first and fourth and left second finger. Tinel's and Phalen's tests were positive. There was pain with range of motion. He had decreased median nerve distribution sensation. Recommendations included a left index finger trigger release. Authorization is being requested for compounded topical cream. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. MTUS addresses the use of capsaicin which is recommended as an option in patients who have not responded or are intolerant to other treatments. It is indicated in patients with conditions that include osteoarthritis, fibromyalgia, and chronic non-specific back pain. Guidelines also recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. The requested compounded medication is not considered medically necessary.