

Case Number:	CM15-0030608		
Date Assigned:	02/24/2015	Date of Injury:	02/26/2014
Decision Date:	04/08/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/18/2015

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: 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 38 year old male, who sustained an industrial injury on 02/26/2014. He has reported pain in the cervical spine, the right shoulder, and the upper back. The diagnoses have included cervical myofascial sprain/strain; cervical radiculopathy; impingement syndrome, right shoulder; cubital tunnel syndrome, right elbow; and carpal tunnel syndrome, right wrist. Treatment to date has included medications, cervical epidural steroid injection, acupuncture, and physical therapy. Medications have included Vicodin, Flexeril, Advil, and compounded topical ointments. An evaluation with a treating provider, dated 10/08/2014, documented the injured worker to report frequent moderate pain of the neck which travels to the upper back and right shoulder/arm; right arm/hand pain with weakness, tingling, and numbness of the hand; right shoulder pain and muscle spasms; bilateral elbow pain; and cervical spine range of motion is improved with acupuncture and chiropractic care. The treating physician noted the injured worker to have nonspecific tenderness to palpation of the right shoulder and shoulder blade; moderate cervical paraspinal tenderness bilaterally; moderate thoracic paraspinal tenderness bilaterally; and ambulation with guarded gait. Request is being made for prescription topical compounded ointments. On 02/11/2015 Utilization Review noncertified a prescription for Retro Capsaicin 0.014%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, 180 mg (Dos 12/23/14); and a prescription for Retro Cyclobenzaprine 2%, Flurbiprofen 25% 12/23/14. The CA MTUS was cited. On 02/11/2015, the injured worker submitted an application for IMR for review of Retro Capsaicin 0.014%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%,

Camphor 2%, 180 mg (Dos 12/23/14); and a prescription for Retro Cyclobenzaprine 2%, Flurbiprofen 25% 12/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Capsaicin 0.014%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, 180mg (Dos 12/23/14): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: This patient receives treatment for chronic pain involving the cervical spine, right shoulder, and the upper back. Topical analgesics are considered experimental in use, because clinical trials have failed to show efficacy. In addition if a compounded product contains at least one drug or drug class that is not recommended, then that compounded product cannot be recommended. Flurbiprofen is an NSAID. NSAIDs are not medically indicated to treat chronic pain when used in its topical form. Gabapentin is an anticonvulsant. Anticonvulsants are not medically indicated to treat chronic pain when used in its topical form. Menthol and camphor are both topical irritants, which are not medically indicated in their topical forms. This compounded topical analgesic is not medically indicated.

Retro Cyclobenzaprine 2%, Flurbiprofen 25% 12/23/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: This patient receives treatment for chronic pain involving the cervical spine, right shoulder, and the upper back. Topical analgesics are considered experimental in use, because clinical trials have failed to show efficacy. In addition if a compounded product contains at least one drug or drug class that is not recommended, then that compounded product cannot be recommended. Flurbiprofen is an NSAID. NSAIDs are not medically indicated to treat chronic pain when used in its topical form. Cyclobenzaprine is a muscle relaxer. Muscle relaxers are not medically indicated to treat chronic pain when used in its topical form. This compounded topical analgesic is not medically indicated.