

Case Number:	CM15-0033116		
Date Assigned:	02/26/2015	Date of Injury:	09/08/2008
Decision Date:	04/08/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/23/2015

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: 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 51 year old male, who sustained an industrial injury on September 8, 2008. His diagnoses include cervical spine herniated nucleus pulposus, lumbar spine herniated nucleus pulposus, right knee osteoarthritis, and strain right wrist. He has been treated with MRI, electrodiagnostic studies, urine drug screening, physical therapy, acupuncture, and medications including a proton pump inhibitor, an anti-ulcer, and an antacid. On January 19, 2015, his treating physician reports insomnia, fatigue, and pain rated 7/10. The physical exam revealed decreased range of motion with pain of the cervical spine, lumbar spine, and right knee. The treatment plan includes creams. On January 28, 2015, Utilization Review non-certified a prescription for Flurbiprofen/Capsaicin/Camphor 10/0.025%/2%/1% (120 grams), noting the guidelines do not recommend the use of topical flurbiprofen and topical flurbiprofen is not (Food and Drug Administration)-approved. The capsaicin and camphor are available over-the-counter with the same concentrations at a much more reasonable cost, and there is a lack of evidence of patient having failed the over-the-counter use of these medications. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Capsaicin/Camphor 10/0.025%/2%/1% (120 grams): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49, Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Compound drugs.

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

Decision rationale: Regarding the request for flurbiprofen/capsaicin/camphor, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested flurbiprofen/capsaicin/camphor is not medically necessary.