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| Case Number: | CM15-0035698 | | |
| Date Assigned: | 03/04/2015 | Date of Injury: | 08/16/2001 |
| Decision Date: | 04/14/2015 | UR Denial Date: | 01/22/2015 |
| Priority: | Standard | Application Received: | 02/25/2015 |

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: Texas, 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:

This is a 55 year old female patient, who sustained an industrial injury on 08/16/2001. The diagnoses include lumbago and knee pain. Per the progress note dated 01/06/2015, she had complaints of back pain and left leg pain at 3/10 with the use of medications. Physical examination revealed small effusion of the left knee, joint line tenderness and positive McMurray's test, tenderness of the lumbar spine and facet joint, decreased flexion, extension and lateral bending. The medications list includes norco and topical analgesic cream. Treatment to date has included oral and topical pain medication. A request for authorization of Flurbiprofen-Capsaicin cream was made. On 01/02/2015, Utilization Review non-certified a request for Flurbiprofen-Capsaicin cream, noting that the medication was not FDA approved and that the number of grams and dosing of the medication was not provided. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25%-Capsaicin 0.0275% cream: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: Request: Flurbiprofen 25%-Capsaicin 0.0275% cream. Flurbiprofen is an NSAID. The cited Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants) (Argoff, 2006) 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 "Topical NSAIDs: 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: Recommended only as an option in patients who have not responded or are intolerant to other treatments. The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Response of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is not recommended by the cited guidelines for topical use as cited below because of the absence of high grade scientific evidence to support their effectiveness. The medical necessity of Flurbiprofen 25% Capsaicin 0.0275% cream is not fully established for this patient.