

Case Number:	CM15-0057251		
Date Assigned:	04/02/2015	Date of Injury:	10/25/2014
Decision Date:	05/05/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/25/2015

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: New Jersey
 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 61 year old male, who sustained an industrial injury on 10/25/2012. He reported injury from repetitive use of a trimmer. The injured worker was diagnosed as having shoulder pain. Recent magnetic resonance imaging showed minimal disc protrusion and facet degeneration. Treatment to date has included shoulder injections and medication management. In a progress note dated 2/9/2015, the injured worker complains of continued right shoulder pain. The treating physician is requesting Z-pak and Flurbiprofen/Capsaicin cream.

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, 120 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section.

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

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. The MTUS Chronic Pain Guidelines also state that topical capsaicin is recommended for chronic pain only as an option in patients who have not responded or are intolerant to other treatments. High doses of capsaicin is considered experimental, and any dose of capsaicin has only moderate to poor efficacy, according to the studies. Doses over 0.025% capsaicin have no studies to prove more benefit than lesser strengths. In order to justify continuation of topical capsaicin, there needs to be evidence of functional improvement as well as measurable pain reduction. In the case of this worker, the injury and pain from the shoulder is not an approved area for treatment with topical NSAIDs. Also, the dose of capsaicin is higher than recommended. Therefore, the combination analgesic, Flurbiprofen 25%/Capsaicin 0.0275% cream, 120 grams, will not be considered medically necessary.

Z-pak, quantity of seven: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website www.drugs.com/mtm/zithromax-z-pak.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape.com: azithromycin (<http://reference.medscape.com/drug/zithromax-zmax-azithromycin-342523>).

Decision rationale: The MTUS does not address the use of azithromycin. Azithromycin is an antibiotic commonly used to treat pneumonia or sinusitis. However, there was no evidence in the notes provided for review to suggest this worker had a bacterial infection which warranted use of this antibiotic. The subjective complaints and physical findings did not suggest any other problem but the ongoing shoulder pain. Therefore, the request for a Z-pak is not medically necessary based on the documentation provided for review.