

Case Number:	CM15-0081423		
Date Assigned:	05/04/2015	Date of Injury:	04/07/2008
Decision Date:	06/02/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/28/2015

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: Emergency Medicine

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 47 year old female, who sustained an industrial injury on 4/7/2008. Diagnoses have included cervical myositis, myalgia, cervical disc displacement with radiculopathy, cervical spinal stenosis, cervical spine sprain/strain, shoulder internal derangement, shoulder rotator cuff syndrome, shoulder sprain/strain and carpal tunnel syndrome. Treatment to date has included shoulder surgery, cervical spine fusion, acupuncture and medication. According to the progress report dated 1/8/2015, the injured worker complained of dull and aching neck pain with associated headaches. The pain was rated 3/10 on the visual analog scale (VAS). The neck pain was associated with radiating pain, numbness and tingling to both upper extremities. She complained of dull, aching pain in both shoulders, more on the left side, rated 5/10 without medications and 1/10 with medications. She also complained of dull and aching pain in the right hand and right fingers rated 10/10 without medications and 8/10 with medications. Exam of the cervical spine revealed decreased range of motion; Spurling's and cervical distraction tests were positive bilaterally. Exam of the shoulders revealed tenderness to palpation on the left. Authorization was requested for Compound: Capsaicin cream 0.025% / Flurbiprofen 15% / Gabapentin 10% / Menthol 2% / Camphor 2% 180gms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Capsaicin cream 0.025% / Flurbiprofen 15% / Gabapentin 10% / Menthol 2% / Camphor 2% 180gms: Upheld

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

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

Decision rationale: The requested product is a compounded cream composed of multiple medications. As per MTUS guidelines, "Any compounded product that contain one drug or drug class that is not recommended is not recommended." 1) Capsaicin: Data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective. Patient has constant pains that have only started treatment by the primary treating physician. While it may be beneficial to the patient, there is no documentation of treatment failure or a successful trial of capsaicin. It is not recommended. 2) Flurbiprofen: Topical NSAIDs are shown to be superior to placebo. It should not be used long term. It may be useful. Flurbiprofen is not FDA approved for topical application. There is no justification by the provider as to why the patient requires a non-FDA approved compounded NSAID when there are multiple other approved products including over the counter medications on the market. Flurbiprofen is not medically necessary. 3) Gabapentin: Gabapentin is an anti-epileptic. It is only FDA approved for oral use. As per MTUS guidelines it is not recommended with no evidence to support its use as a topical product. It is not recommended. 4) Menthol/Camphor: There is no data on these compounds in the MTUS or ODG. There are likely fillers. This compounded product has multiple not recommended substances and is therefore not medically necessary.