

Case Number:	CM15-0082271		
Date Assigned:	05/04/2015	Date of Injury:	07/29/2013
Decision Date:	06/05/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/29/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, 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 62 year old female who sustained a work related injury July 29, 2013. Past history included s/p right shoulder arthroscopy with rotator cuff repair, distal clavicle resection, major synovectomy, removal of multiple loose bodies and subacromial decompression with acromioplasty, September, 2014. According to an orthopedic follow-up report, dated February 20, 2015, the injured worker presented with pain, rated 6/10, in the right shoulder. Lifting her arm and holding it to reach higher is difficult. Physical therapy has improved her pain while medications gave her gastrointestinal upset. Diagnosis is documented as right partial tear, rotator cuff. Treatment plan included request for Flurbiprofen/Menthol/Capsaicin/Camphor in two strengths. The listed medications include Norco, Voltaren and Prilosec that was discontinued due to gastrointesinal discomfort.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25%, Menthol 10%, Capsaicin 0.0375%, Camphor 3% quantity 30gm:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical products.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic formulations can be utilized for the treatment of localized neuropathic pain when treatment with first line anticonvulsant and antidepressant medications have failed. The records did not show subjective or objective finding consistent with localized neuropathic pain such as CRPS. There is no documentation of failure of treatment with first line medications. The guidelines recommend that topical analgesics be utilized individually for evaluation of efficacy. There is no guideline or FDA support for the long-term utilization of camphor or menthol products in the long-term treatment of chronic musculoskeletal pain. The criteria for the use of flurbiprofen 25% / menthol 10%/ capsaicin 0.0375% / camphor 3% 30gm was not met. Therefore, the requested medical treatment is not medically necessary.

Flurbiprofen 25%, Menthol 10%, Capsaicin 0.0375%, Camphor 3% quantity 120gm:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical compounds.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic formulations can be utilized for the treatment of localized neuropathic pain when treatment with first line anticonvulsant and antidepressant medications have failed. The records did not show subjective or objective finding consistent with localized neuropathic pain such as CRPS. There is no documentation of failure of treatment with first line medications. The guidelines recommend that topical analgesics be utilized individually for evaluation of efficacy. There is no guidelines or FDA support for the long term utilization of camphor or menthol products in the long term treatment of chronic musculoskeletal pain. The criteria for the use of flurbiprofen 25%/menthol 10%/ capsaicin 0.0375%/camphor 3% 120gm was not met. Therefore, the requested medical treatment is not medically necessary.