MAXIMUS Federal Services

Case Number:	CM15-0083072		
Date Assigned:	05/05/2015	Date of Injury:	05/08/2013
Decision Date:	06/09/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/30/2015

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 York, Pennsylvania, Washington
Certification(s)/Specialty: Internal Medicine, Geriatric 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 52-year-old male, who sustained an industrial injury on 8/08/2013, due to cumulative trauma. The injured worker was diagnosed as having joint derangement of the shoulder, cervicalgia, and lumbago. Treatment to date has included diagnostics and medications. On 2/06/2015, the injured worker complains of constant pain to the cervical spine with radiation to the upper extremities, rated 5/10 and improving, constant low back pain with radiation to the lower extremities, rated 5/10 and improving, and constant right shoulder pain, rated 7/10 and worsening. Current medication regime was not noted. Exam of the cervical spine noted tenderness to palpation with spasm over the paravertebral muscles, limited range of motion with pain, sensation and strength C6-7 dermatomal pattern, and positive axial loading compression test. Exam of the lumbar spine noted tenderness to palpation over the paravertebral muscles and positive seated nerve root test. Exam of the shoulder noted tenderness around the anterior glenohumeral region and subacromial space and positive Hawkin's and impingement signs. He was given an injection of Celestone/Lidocaine/Marcaine into the right shoulder with immediate relief. The treatment plan was for medication refills and acupuncture. A progress note from 3/25/2015, related to the request for pharmacy purchase CAPS; Flurbiprofen; PCCA Lido; Disp/compound fee 120 ml was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Capsaicin, Flurbiprofen, PCCA, lido DISP/COMP fee 120 ml with a dos of 3/25/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111-112.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2012. Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. There is no documentation of efficacy with regards to pain and functional status or a discussion of side effects specifically related to the topical analgesic. Regarding topical Capsaicin, Flurbiprofen, PCCA, lido in this injured worker, the records do not provide clinical evidence to support medical necessity. The request is not medically necessary.