

Case Number:	CM14-0124922		
Date Assigned:	08/11/2014	Date of Injury:	01/23/2014
Decision Date:	09/19/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/07/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, Pain Medicine and is licensed to practice in Ohio and Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 34-year-old male with a reported injury on 01/23/2014. He sustained his injuries while working for [REDACTED]. The mechanism of injury was not provided. His diagnoses included right index finger laceration, status post repair; bilateral upper extremity sensory neuropathy; cervical spine strain/sprain with myospasms; and lumbar spine sprain/strain with myospasms. The injured worker has had previous treatments of chiropractic therapy, acupuncture, the use of TENS unit, and modified work duties. The efficacy of those programs were not provided. The injured worker had an examination on 05/16/2014, with complaints of constant upper back pain that is rated as mild to moderate. There were no complaints of radiation, but he did report a numbness and tingling sensation. To his bilateral arms, he did complain of constant pain rated as mild to occasionally moderate, and that his pain did radiate to his hand bilaterally and wrists. There was constant pain reported to his right index finger, but no radiation. He did report numbness and tingling, and a warm sensation. He complained of his back off and on pain. The injured worker did state that acupuncture did help decrease his pain temporarily. It was noted upon examination that the injured worker did have limited range of motion due to pain. The list of medications included cyclobenzaprine, naproxen, and transdermal compounds. The recommended plan of treatment was for renewal of his medications. The Request for Authorization was signed and dated for 03/12/2014. The rationale for the cream was to prevent induced gastritis, to decrease dependency on medication, to stabilize and control pain, to increase range of motion, and to limit the potential risk of toxicity, and to help with joint pain and decreased tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin/Flurbiprofen/Tramadol/Menthol/Camphor 0.025/15/15/2/2%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines: Compounded Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: : B LeBon, G Zeppetella, IJ Higginson (2009). Effectiveness of topical administration of opioids in palliative care: a systematic review. Journal of pain and symptoms-Elsevier.

Decision rationale: The request for capsaicin, Flurbiprofen, Tramadol, and Camphor is not medically necessary. The California MTUS Guidelines do not recommend any compounded product that contains at least 1 drug (or drug class) that is not recommended. The guidelines state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Non-steroidal anti-inflammatory agents have been inconsistent, and most studies are small and of short duration. The recommended time for the use of topical NSAIDs is 4 to 12 weeks. The ingredient capsaicin is only recommended in patients who have not responded or are intolerant to other treatments. Topical capsaicin has moderate to poor efficacy, but may be useful in patients whose pain has not been controlled successfully with conventional therapy. For the ingredient of tramadol, there is peer-reviewed literature that states there is a deficiency of higher-quality evidence on the role of topical opioids, and that more robust primary studies are required to inform practice recommendations. The clinical information fails to meet the evidence-based guidelines for the request. There is no evidence or diagnosis of neuropathic pain, and there has not been evidence that antidepressants and anticonvulsants have failed. There is no evidence of how long this medication has been used. Therefore, the request for capsaicin, Flurbiprofen, Tramadol, and Camphor is not medically necessary.

Cyclobenzaprine/Flurbiprofen 2/20%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines: Compounded Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: The request for Cyclobenzaprine/Flurbiprofen 2/20% is not medically necessary. The California MTUS Guidelines do not recommend any compounded product that contains at least 1 drug (or drug class) that is not recommended. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. They have been largely experimental in use with few randomized control trials to

determine efficacy or safety. Cyclobenzaprine is a muscle relaxant. There is no evidence for the use of any other muscle relaxant other than baclofen as a topical product. The ingredient of Flurbiprofen is a non-steroidal anti-inflammatory agent. The efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Indications for NSAIDs are osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints. It is recommended for short-term use of 4 to 12 weeks. There is a lack of evidence of osteoarthritis and tendonitis. There has not been efficacy of this medication provided, and it is unknown as to how long the injured worker has been using this medication. There is no evidence of trials of antidepressants and anticonvulsants that have failed. Furthermore, the directions do not specify frequency, duration, or placement, as where to apply the cream. The clinical information fails to meet the evidence-based guidelines. Therefore, the request for cyclobenzaprine/flurbiprofen 2/20% is not medically necessary.