

Case Number:	CM14-0132863		
Date Assigned:	09/18/2014	Date of Injury:	01/07/2010
Decision Date:	10/16/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/19/2014

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 and is licensed to practice in California. 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:

This patient sustained an injury on 1/7/10 while employed by [REDACTED]. Request(s) under consideration include Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2% Camphor 2% -180gm. Diagnoses include cervical spine protrusions; myospasm; right shoulder tendinosis; DeQuervain's tenosynovitis; left wrist ganglion versus synovial cyst, and adjustment disorder. Conservative care has included physical therapy, acupuncture, medications, and modified activities/rest. Re-examination by AME dated 9/23/13 noted patient with ongoing chronic neck, shoulders, elbow, and right hand pain. Exam showed minimal tenderness at left wrist with future medical for medications intermittently for flare-ups. Report of 5/29/14 from the provider noted the patient with left wrist pain and swelling; slight depression and anxiety. Exam showed TTP at bilateral wrist joints and carpal bones bilaterally; mild inflammation of left dorsal hand; well-healed scar of dorsal ulnar carpal joint; limited range of bilateral wrists secondary to pain; positive Tinel's, Phalen's and Finkelstein's on right; full digit range. Medications list Hydrocodone/ APAP, Cyclobenzaprine, Ibuprofen, and Bupropion. The request(s) for Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2% Camphor 2% - 180gm was non-certified on 8/12/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2% Camphor 2% -180gm:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation ODG Pain (updated 07/10/14) Criteria for Compound drugs:

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

Decision rationale: Submitted reports have not demonstrated indication to support concurrent use of topical and oral formulation of NSAIDs (Flurbiprofen 20% and Ibuprofen), Opiates (Hydrocodone and Tramadol 15%). Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2010 without documented functional improvement from treatment already rendered. The Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2% Camphor 2% - 180gm is not medically necessary and appropriate.