MAXIMUS Federal Services

Case Number:	CM14-0134045		
Date Assigned:	08/27/2014	Date of Injury:	02/28/2011
Decision Date:	09/29/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/21/2014

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 Orthopedic Surgeon and Spine Surgery, 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:

The injured worker is a 59-year-old male who reported injury on 02/28/2011. The mechanism of injury was not submitted in the report. The injured worker has diagnoses of left carpal tunnel syndrome; cervical discopathy with radiculopathy C3-7; persistence of carpal tunnel on the left necessitating surgical correction; bilateral positive impingement with partial tearing and tendinopathy of both shoulders; lumbar discopathy with grade I listhesis at L5-S1; lower extremity radiculopathy; depression with anxiety. Past medical treatment consists of surgery, physical therapy, epidural injections, and medication therapy. An MRI of the lumbar spine revealed slight foraminal stenosis at L5-S1. An MRI of the cervical spine showed no stenosis. On 08/27/2014, the injured worker complained of dysphagia and shoulder pain. Physical examination revealed that the injured worker had shoulder strength of 5/5, and his lower extremity strength was 5/5, and all other areas of his upper extremity were 5/5. Motor flexion of the shoulder was 4+/5 bilaterally. However, the injured worker complained of increased pain in the low back with bilateral lower extremity paresthesia. Hoffman's was negative. Babinski's were down going. He was intact to light touch along all dermatomes. Reflexes were 1+ throughout. The treatment plan was for the injured worker to have use of transdermal compound cream, which consists of Capsaicin, Flurbiprofen, and Lidoderm. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transdermal Compound Cream (Capsaicin powder, Flurbiprofen powder, PCCA Lidoderm base, Dispensing fee, Compounding fee): 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 request for Transdermal Compound Cream (Capsaicin powder, Flurbiprofen powder, PCCA Lidoderm base, and Dispensing fee, Compounding fee) is not medically necessary. The California MTUS state that Topical Analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Also, they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Given the above, the injured worker was not within the MTUS recommended guidelines. The submitted report lacked any indication that the injured worker had tried and failed any antidepressants or anticonvulsants. Additionally, there was no evidence in the submitted report that the injured worker had trialed and failed conservative care. Furthermore, the request as submitted did not indicate the location of the cream. The request as submitted also lacked the duration, frequency, and dosage of the medication. As such, the request for transdermal compound cream is not medically necessary.