

Case Number:	CM14-0186696		
Date Assigned:	11/14/2014	Date of Injury:	06/03/2013
Decision Date:	12/16/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/10/2014

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 44 year-old patient sustained an injury to the right shoulder and upper extremity on 6/3/13 from catching falling boxes while employed by [REDACTED]. Request(s) under consideration include Topical Compound Flu/Cap/Cam 10%/.025%/ 2%/ 1%. Diagnoses include right shoulder impingement syndrome; right elbow lateral epicondylitis; and right wrist pain. MRI of right shoulder dated 7/17/14 showed rotator cuff tear. EMG/NCV showed mild bilateral C5, C6 radiculopathy and bilateral CTS. Conservative care has included medications, physical therapy, acupuncture, chiropractic treatment, shockwave therapy, and modified activities/rest. Medications list Naproxen, compound cream, omeprazole, and Theramine. Report of 10/7/14 from the provider noted the patient with chronic ongoing right shoulder pain rated at 6/10 and right elbow/wrist pain rated at 4/10. Exam showed right shoulder with positive impingement sign; limited range with flex/abd of 160 degrees; right elbow tenderness at extensor muscles and lateral epicondyle. Treatment plan included chiro, UDS, shockwave therapy, and medications. The patient remained TTD status. The request(s) for Topical Compound Flu/Cap/Cam 10%/.025%/ 2%/ 1% was non-certified on 10/24/14 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:

Flu/Cap/Cam 10/.025 %/2%/1%: Upheld

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

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

Decision rationale: 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. It is also unclear why the patient is being prescribed 2 concurrent anti-inflammatories, oral Naproxen and topical compounded Flurbiprofen posing an increase risk profile without demonstrated extenuating circumstances and indication. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of June 2013 without documented functional improvement from treatment already rendered. The Topical Compound Flu/Cap/Cam 10%/.025%/ 2%/ 1% is not medically necessary and appropriate.