

Case Number:	CM14-0094143		
Date Assigned:	07/25/2014	Date of Injury:	04/01/2010
Decision Date:	09/22/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/20/2014

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 Illinois. 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 female who reported an injury on 04/01/2010 due to an unknown mechanism. Diagnosis was cervicalgia. Past treatments were not reported. Diagnostic studies were MRI of the cervical spine and EMG. Surgical history was not reported. Physical examination on 05/13/2014 revealed complaints of constant cervical spine pain. Examination revealed tenderness at the traps with spasm. Positive Spurling's and decreased range of motion. There was decreased sensory at the C5-7. Medications were not reported. Treatment plan was to continue medications and a home exercise program. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Capsaicin spray 120mg with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FLURBIPROFEN; Topical Analgesics; Capsaicin Page(s): 72; 111; 28.

Decision rationale: The California Medical Treatment Utilization Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to

determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2 week period. Flurbiprofen is not currently FDA approved for topical application. FDA approved routes of administration for flurbiprofen include oral tablets and ophthalmologic solution. The guidelines state that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The guidelines support the use of topical salicylates. The guidelines do not support compounded topical analgesics. Also, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.

Gaba/Lido/Aloe/Caps/Menth/Camph patch 120gm with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals; Topical Analgesics; Topical Capsaicin; Lidocaine Page(s): 105; 111; 28; 112.

Decision rationale: The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylates. The guidelines do not support the use of topical analgesics. Also, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.