

Case Number:	CM14-0094957		
Date Assigned:	07/25/2014	Date of Injury:	05/02/2012
Decision Date:	09/22/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/23/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 58-year-old male who has submitted a claim for lumbar spine/strain with radiculopathy, lumbar spine disc desiccation, lumbar spine hemangioma, right shoulder osteoarthritis, right shoulder tendinosis, right shoulder impingement, right shoulder labral tear, and right shoulder effusion with mild spasms associated with an industrial injury date of May 2, 2012. Medical records from September 23, 2013 up to May 8, 2014 were reviewed showing occasional right shoulder pain when the right arm is raised, 4-8/10 in severity. He reported no numbness. Patient also complained of intermittent low back pain, 4-8/10 in severity. He noted radiation to right groin and numbness of right thigh. Pain increases with prolonged sitting and decreases with rest. Physical examination of right shoulder showed range of motion (ROM) 120 on forward flexion and 120 on abduction. Left shoulder was 170 forward flexion and abduction. He had tenderness over the superior border of right trapezius muscle and right acromioclavicular joint area. Examination of the lumbar spine showed ROM 25 on extension and lateral bending bilaterally and rotation at 30 bilaterally. He had tenderness over the L4-5 and L5-S1 facet areas mainly on the right side. Facet loading is positive for pain in the lower lumbar region. Straight leg raise (SLR) was negative. Motor strength was 5/5 in all extremities. Sensation appeared to be grossly intact. Treatment to date has included naproxen, diazepam, transdermal compounds, transcutaneous electrical nerve stimulation (TENS) unit, physical therapy, and acupuncture. Utilization review from June 12, 2014 denied the request for Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15% 180 gm. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little evidence to utilize topical non-steroidal anti-inflammatory drugs (NSAIDs) for treatment of osteoarthritis of the spine, hip, or shoulder. This patient is treated for shoulder and low back pain.

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% 180 gm: 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): 111-112.

Decision rationale: According to pages 111-112 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The only topical NSAID approved by FDA is diclofenac which has not been evaluated for treatment of the spine, hip or shoulder. Tramadol is not recommended as a topical analgesic. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. In this case, the specific date in which the patient started using the requested medication was not specified. The patient is being treated for shoulder and low back pain which are not under the recommended use for topical NSAID. Furthermore, records do not demonstrate that the patient is intolerant of oral medications to support the request for topical capsaicin. The requested compound cream contains flurbiprofen and tramadol, which are not recommended for topical use. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Therefore the request for capsaicin 0.025%, flurbiprofen 20%, tramadol 15% 180 gm is not medically necessary.