

Case Number:	CM14-0096112		
Date Assigned:	07/25/2014	Date of Injury:	03/28/2012
Decision Date:	09/19/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/24/2014

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 Pain Management 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 3/28/12. Request(s) under consideration include Topical compound Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% 240gm and Cyclobenzaprine 2%, Flurbiprofen 20%, 240gm for date of service 3/25/14. Diagnoses include right upper extremity radiculopathy; right humerus fracture; radicular syndrome lower extremity; headaches; anxiety disorder s/p right arm surgery on 3/29/12. Report of 3/25/14 from the provider noted the patient with constant ongoing neck pain rated at 5-6/10 radiating into bilateral extremities s/p right shoulder arthroscopy with residual pain rated at 7-8/10; low back pain rated at 8/10 radiating down right leg with muscle spasm. Exam showed tenderness of cervical spine with limited range and positive compression tests; right shoulder with tenderness, limited range and positive Neer's/ impingement test; diminished sensation diffusely at C5-C8 dermatomes in right upper extremity; lumbar spine with limited range; tenderness and positive SLR with decreased sensation at L4-S1 dermatomes. Medications list Deprizine, Dicopanol, Fanatrex, Synapryn, Flurbiprofen, Capsaicin, Tramadol, Menthol, and Cyclobenzaprine. The patient remained TTD status. The request(s) for Topical compound Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% 240gm and Cyclobenzaprine 2%, Flurbiprofen 20%, 240gm for date of service 3/25/14 non-certified on 5/28/14 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 15%, Tramadol 15%, Menthol 2%, Camphor 2% 240gr for date of service 3/25/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 without contraindication in taking oral medications. There are no evidenced-based studies to indicate efficacy of capsaicin 0.025% formulation or topical opioid of Tramadol over oral delivery. Submitted reports have not demonstrated any functional improvement, specific pain relief on VAS rating, and change in work status or increase in activities of daily living functions from treatment already rendered to treat this chronic injury of 2012. Submitted reports have not adequately documented the indication or medical need for this topical compounded analgesic outside guidelines recommendations. The Topical compound Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% 240gm for date of service 3/25/14 is not medically necessary and appropriate.

Cyclobenzaprine 2%, Flurbiprofen 20%, 240gr for date of service 3/25/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2012 without documented functional improvement from treatment already rendered. The Topical compound Cyclobenzaprine 2%, Flurbiprofen 20%, 240gm for date of service 3/25/14 is not medically necessary and appropriate.