

Case Number:	CM14-0210758		
Date Assigned:	12/23/2014	Date of Injury:	04/01/2010
Decision Date:	02/27/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 69 year-old male with a date of injury of 4/1/2010. A review of the medical documentation indicates that the patient is undergoing treatment for left shoulder, elbow, hand, and finger pain secondary to a stroke. Primary notes provided for review were limited and only went through 2013, therefore significant information was taken from the utilization review, which cited more recent clinical information. Subjective complaints (2/27/2014) include musculoskeletal pain as above, in addition to weight loss, depression, and contracture in the left hand; review of symptoms revealed an additional long list of symptoms involving multiple systems. Objective findings (2/27/2014) include the patient being wheelchair bound; dense left-sided paralysis with contractures; increased tone in the left lower extremity; positive Babinski and clonus on the left foot; and facial injury due to scratching. Diagnoses include diabetes mellitus type II, GERD, wheelchair dependence, abnormal weight loss, hypertension, facial cellulitis, neurodermatitis, and cerebrovascular accident with left hemiparesis. The patient has undergone studies to include imaging to include MRI of the brain (2012), which showed old right middle cerebral artery infarct and microangiopathic disease findings; NCS/EMG (2013), which showed C5-6 radiculopathy but was otherwise inconclusive due to significant weakness; MRI (2013), which showed tenosynovitis and muscle atrophy on the left side. The patient has previously undergone medication therapy and rehabilitation. A utilization review dated 11/18/2014 did not certify the request for retrospective topical medications, DOS 5/22/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Capsaicin 0.025%, Flurbiprofen 30%, Methyl Salicylate 4%, Lipoderm base for DOS 5/22/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112, 105. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Compound drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Capsaicin Page(s): 111-113; 28. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics;Compound creams.

Decision rationale: The compound in question contains Capsaicin, Flurbiprofen (NSAID), Methyl Salicylate, and Lipoderm. According to MTUS guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are primarily recommended for chronic pain in specific circumstances, such as neuropathic pain, when trials of antidepressants and anticonvulsants have failed. MTUS states there is little to no research to support the use of most topical analgesics for musculoskeletal pain. ODG guidelines also recommend similar criteria, including identifying a clear indication with a neuropathic etiology and failure of first-line therapy for neuropathy. Both guidelines state therapy should be utilized on a trial basis at first and continued only if significant improvement is noted. For topical NSAIDs, the efficacy is not well established. The only FDA-approved NSAID medical for topical use is Diclofenac, which is only indicated for joint osteoarthritis; there is no evidence to support use for neuropathic pain. ODG only recommends menthol use only in the context of cryotherapy for acute pain. The medical documentation available for review is limited in describing the need and rationale for the topical medication. No primary medical documentation was available after 2013. There is no documentation of a diagnosis of neuropathic pain, although this could be inferred given the mechanism of injury as primary due to stroke. The documentation does not indicate a diagnosis of osteoarthritis or need for cryotherapy. There is no documentation of failure of first-line therapy of antidepressants and anticonvulsants. There is no documentation of the effect of first-line NSAIDs or other oral medication. There is limited evidence to support these medications, questionable and potentially conflicting diagnoses for the listed indications, and no evidence of first-line failure. None of the listed ingredients would be recommended as stand-alone therapy. Therefore, the request for retrospective Capsaicin 0.025%, Flurbiprofen 30%, Methyl Salicylate 4%, Lipoderm base (DOS 5/22/2013), is not medically necessary.

Retrospective Flurbiprofen 20%, Tramadol 20%, Lipoderm base for DOS 5/22/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112, 105. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Compound drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics; Compound creams.

Decision rationale: The compound in question appears to contain Flurbiprofen (NSAID), Tramadol (synthetic opioid), and Lipoderm. According to MTUS guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are primarily recommended for chronic pain in specific circumstances, such as neuropathic pain, when trials of antidepressants and anticonvulsants have failed. MTUS states there is little to no research to support the use of most topical analgesics for musculoskeletal pain. ODG guidelines also recommend similar criteria, including identifying a clear indication with a neuropathic etiology and failure of first-line therapy for neuropathy. Both guidelines state therapy should be utilized on a trial basis at first and continued only if significant improvement is noted. For topical NSAIDs, the efficacy is not well established. The only FDA-approved NSAID medical for topical use is Diclofenac, which is only indicated for joint osteoarthritis; there is no evidence to support use for neuropathic pain. As above, medical documentation is limited in describing the need and rationale for the topical medication. No primary medical documentation was available after 2013. There is no documentation of a diagnosis of neuropathic pain, although this could be inferred given the mechanism of injury as primary due to stroke. There is no documentation of failure of first-line therapy of antidepressants and anticonvulsants. The documentation does not indicate a diagnosis of osteoarthritis or the effect of first-line oral medication. There is limited evidence to support these medications, questionable and potentially conflicting diagnoses for the listed indications, and no evidence of first-line failure. None of the listed ingredients would be recommended as stand-alone therapy. Therefore, the request for retrospective Flurbiprofen 20%, Tramadol 20%, Lipoderm base for DOS (5/22/2013) is not medically necessary.