

Case Number:	CM14-0212516		
Date Assigned:	01/02/2015	Date of Injury:	01/31/2003
Decision Date:	02/28/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/18/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 66 year old female with an injury date of 01/21/03. The 08/21/14 report by ■■■ states the patient presents status post right shoulder surgery 03/26/14. Pain is improved with some residual weakness. The 06/16/14 report by ■■■ states the patient presents with cervical spine pain radiating into the upper extremities with associated headaches that are migrainous in nature. Examination of the right shoulder on 08/12/14 shows significant weakness of rotator cuff strength. There is some resolving ecchymosis in the upper arm. 06/16/14 examination shows palpable paravertebral muscle tenderness with spasm of the lumbar and cervical spine. The patient's diagnoses include: 1. S/p reverse total shoulder arthroplasty, right shoulder (08/21/14 report) 2. Lumbago (06/16/14 report) 3. Disc disorder cervical and lumbar (06/16/14 report) 4. Cervicalgia (06/16/14 report) The patient received physical therapy and is approved for 8 additional sessions. She has undergone left knee surgery March 2005, right knee surgery June 2005, and right hip surgery in 2004. She underwent surgery for a right femur fracture at age 57 and one year later there was surgery for hardware removal. The most recent list of medications is dated 03/19/14 and shows Levothyroxin, Omeprazole and Tramadol. She is allergic to Naprosyn. The utilization review dated 11/19/14 denied this request as compound delivery systems are not generally FDA approved, there appears to be off label use and refers to ODG chronic pain guidelines. Reports were provided for review from 03/19/14 to 10/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Capsaicin (Patch) 10% 0.025% CRM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111.

Decision rationale: The patient presents with improved right shoulder pain s/p reverse right shoulder arthroplasty 03/26/14. Prior reports show cervical pain radiating to the upper extremities and lumbar spine pain. The current request is for Flurbiprofen/Capsaicin (Patch) 10% 0.025% CRM. The RFA is not included. The 11/19/14 utilization review does not state the date of the request and the medication is not discussed in the reports provided. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." "There is little to no research to support the use of many of these agents." Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis, MTUS page 29 guidelines state that Capsaicin topical is recommended only as an option in patients who have not responded or are intolerant to other treatments. Indications are osteoarthritis, fibromyalgia, chronic non-specific back pain and it is also helpful for chronic neuropathic and musculoskeletal pain. The MTUS has the following regarding topical creams (p111, chronic pain section): "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended."The use of the requested medication is not discussed in the reports provided. In this case, this compounded medication contains Flurbiprofen, an NSAID that is indicated for peripheral joint arthritis and tendinitis. The patient presents with complaint in a non-peripheral joint--the right shoulder. Therefore, the requested medication is not recommended by MTUS and IS NOT medically necessary.