

Case Number:	CM14-0072202		
Date Assigned:	07/16/2014	Date of Injury:	04/02/2009
Decision Date:	05/27/2015	UR Denial Date:	05/10/2014
Priority:	Standard	Application Received:	05/19/2014

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 61 year old female who sustained an industrial injury on April 2, 2009. Previous treatment includes medication, work restrictions and topical creams. Currently the injured worker complains of headaches, burning radicular neck pain and muscle spasms, bilateral shoulder pain, bilateral wrist pain, low back pain and bilateral knee pain. Diagnoses associated with the request include headaches, cervical spine degenerative disc disease, bilateral shoulder rotator cuff tear, bilateral shoulder tenosynovitis, bilateral carpal tunnel syndrome, lumbago, bilateral knee internal derangement and lumbar spine degenerative disc disease. The treatment plan includes physical therapy, acupuncture, work restrictions, pain management consultation, EMG/NCV of the bilateral upper and lower extremities, Terocin patches and topical creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Cyclobenzaprine 2%, Flurbiprofen 20%, 240g: 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: 1 Prescription of Cyclobenzaprine 2%, Flurbiprofen 20%, 240g is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines state that topical muscle relaxants are not recommended as there is no peer-reviewed literature to support use. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS does not support topical Cyclobenzaprine and there are no extenuating factors in the documentation submitted to go against guideline recommendations. Therefore, the request for topical Medication Cyclobenzaprine 2%. Flurbiprofen 25% is not medically necessary.

1 Prescription of Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2% and Camphor 2%, 240g: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics ;Salicylate topical-page Page(s): 111-113;105.

Decision rationale: 1 Prescription of Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2% and Camphor 2%, 240g is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines state that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The guidelines do not support topical Tramadol. Menthol and Camphor are ingredients in Ben Gay which is a methyl salicylate and supported by the MTUS. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The documentation does not indicate intolerance to other treatments. Furthermore, topical NSAIDs are not indicated for the spine or shoulder and the request does not specify where this product will be applied. The MTUS does not offer support for topical Tramadol. For all of these reasons the request for 1 Prescription of Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2% and Camphor 2%, 240g is not medically necessary.