MAXIMUS Federal Services

Case Number:	CM15-0122888		
Date Assigned:	07/14/2015	Date of Injury:	06/21/2012
Decision Date:	08/07/2015	UR Denial Date:	06/07/2015
Priority:	Standard	Application Received:	06/26/2015

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: New Jersey, Alabama, California
Certification(s)/Specialty: Neurology, 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 47 year old male, who sustained an industrial injury on 6/21/12. Initial complaints were not reviewed. The injured worker was diagnosed as having pain in joint involving shoulder region. Treatment to date has included status post right shoulder arthroscopy subacromial decompression and biceps tenodesis (3/2014), physical therapy; medications. Diagnostics studies included MR Arthrogram right shoulder (9/11/12; 1/20/15). Currently, the PR-2 notes dated 4/22/15 indicated the injured worker returns for a follow-up on this date noting modest improvement regarding previous right shoulder complaints compared to re-operative treatment now 13-months out from right shoulder arthroscopy subacromial decompression/ biceps tenodesis (3/2014). However, the injured worker reports frequent anterior lateral aching discomfort and periodic burning; increased with repetitive overhead activities or lifting, carrying, pushing or pulling greater than 15 pounds. The provider lists previous multiple oral NSAIDS, both over-the-counter and prescription, as well as Tramadol which provided modest temporary relief. He notes he has difficulty obtaining authorization and is inquiring about topical medication. On physical examination of the right shoulder are noted well-healed surgical scars with no erythema, warmth or deformity. He notes tenderness to palpation about the anterior capsule, trace amount of about the AC joint; cross-arm producing bilateral discomfort; trace about the supraspinatus and infraspinatus; negative impingement, negative provocative maneuvers. A MR Arthrogram of the right shoulder was accomplished on 1/20/15 demonstrating a conclusion of previous labral repair and acromioplasty. There is a slight hypertrophy of the distal clavicle, mildly indenting the bursal surface of the supraspinatus. There is minimal

articular surface fraying of the distal posterior fibers of supraspinatus tendon at the attachment and no full-thickness rotator cuff tear seen. The superior labrum is extremely small and irregular with blunting of the posterior labrum. Intra-articular portion of the biceps tendon and the biceps anchor are not visualized, consistent with tear. On this date a topical compound of Capsaicin 0.0375%, Menthol 5%, Camphor 2%, Tramadol 8%, Cyclobenzaprine 4% for pain and inflammation about the right anterolateral shoulder with instructions. There were no complications and the injured worker tolerated the topical medications well and a 30gm sample was given. The provider is requesting authorization of Capsaicin 0.0375%, Menthol 5%, Camphor 2%, Tramadol 8%, Cyclobenzaprine 4% (CAPS-3TGC) 120gm with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.0375%, Menthol 5%, Camphor 2%, Tramadol 8%, Cyclobenzaprine 4% (CAPS-3TGC) 120gm with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The proposed topical analgesic contains capsaicin a topical analgesic not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above, the request for Capsaicin 0.0375%, Menthol 5%, Camphor 2%, Tramadol 8%, Cyclobenzaprine 4% (CAPS-3TGC) 120gm with 3 refills is not medically necessary.