

Case Number:	CM15-0123217		
Date Assigned:	07/07/2015	Date of Injury:	03/31/2009
Decision Date:	08/04/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/25/2015

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 58 year-old male who sustained an industrial injury on 03/31/09 to his low back, neck, and extremities. Initial diagnoses are not available. Treatments to date include right shoulder arthroscopic surgery, right knee arthroscopy, left ankle/foot surgery, oral and topical pain medication management, radiographic imaging, EMG/NCV, and physical therapy. In a progress note dated 04/24/15, the injured worker reports constant pain to the cervical and lumbar spine rated an 8 on a 10 point pain scale, with intermittent pain in the bilateral shoulders rated as a 4/10. He reports intermittent pain in the bilateral knees, feet and ankles rated as a 4/10. Physical examination reveals palpable cervical paravertebral muscle tenderness with spasm with positive axial loading compression test; Spurling's maneuver is positive. Range of motion is limited with pain and there is numbness and tingling into the anterolateral shoulder, forearm, and hand. Right shoulder is tender with positive impingement and Hawkin's sign; there is drop arm sign on the left. Range of motion is limited bilaterally. Bilateral knees have positive McMurray's sign and positive patellar compression test. Range of motion is painful to bilateral feet and ankles. Current diagnoses include cervical discopathy, bilateral carpal tunnel syndrome, left shoulder impingement, status post right shoulder surgery, status post lumbar fusion with retained symptomatic lumbar spinal hardware and removal of hardware L4 to S1, Bilateral hip bursitis versus lumbar radiculitis, internal derangement of bilateral knees, grade II left knee medial meniscus tear, status post right knee surgery, bilateral plantar faciitis, bilateral ankle derangement, and status post left ankle and foot surgery. Treatment recommendations include diagnostic studies, cervical spine surgery, and appropriate pharmacological agents for

symptomatic relief. Treatment requested is Flurbiprofen/capsaicin 10%. The injured worker is under permanent partial disability. Date of Utilization Review: 06/05/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Capsaicin 10%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NSAIDs.

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

Decision rationale: The requested topical analgesic is formed by the combination of Capsaicin, Flurbiprofen, Tramadol, Menthol, Camphor. 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 topical analgesic contains Capsaicin not recommended by MTUS as a topical analgesic. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Therefore, the request for Flurbiprofen/Capsaicin 10% is not medically necessary.