

Case Number:	CM15-0123662		
Date Assigned:	07/08/2015	Date of Injury:	09/07/2007
Decision Date:	09/17/2015	UR Denial Date:	05/27/2015
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 York

Certification(s)/Specialty: Emergency 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 female, who sustained an industrial injury on 9/7/2007. She reported low back and neck pain, and left thumb and right wrist pain. The injured worker was diagnosed as having cervical radiculopathy, bilateral wrist, pain, and chronic tendinitis. Treatment to date has included magnetic resonance imaging of the lumbar spine, medications, x- rays, psychiatrist care, acupuncture, and physical therapy. The request is for compound agent that includes Flurbiprofen 15%, Cyclobenzaprine 3%, Capsaicin 0.0375%, Menthol 2%, and Camphor 1%, 120 grams. Several pages of the medical records have handwritten information which is difficult to decipher. On 10/02/2014, she is noted to have bilateral shoulder, neck, low back, and bilateral thumb, and bilateral wrist pain. She reported she was only taking Mobic, Tramadol, and Omeprazole. She is noted to have pain in the bilateral wrists. The treatment plan included: magnetic resonance imaging of the bilateral wrists. On 1/19/2015, she complained of bilateral thumb, bilateral wrist, neck, low back, bilateral shoulder pain. She indicated the compound cream of Ketoprofen, cyclobenzaprine and capsaicin was the most helpful for her pain. Her current medications are: Tramadol, Omeprazole, and Mobic cream, Ketoprofen/ cyclobenzaprine/capsaicin cream. The treatment plan included: magnetic resonance imaging of the bilateral wrists. On 3/9/2015, she had continued pain of the wrists. She continues to take Mobic, Tramadol, and Omeprazole. The treatment plan included: continuing her on Tramadol, and Mobic 50mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Flurbiprofen 15%/Cyclobenzaprine 3%/Capsaicin 0.0375%/Menthol 2%/Camphor 1%, 120 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: The CA MTUS guidelines do not recommend any compounded product that contains at least one drug (or drug class) that is not recommended. Flurbiprofen is considered to be an NSAID (non-steroidal anti-inflammatory drug). Topical creams containing NSAIDs per the CA MTUS may be recommended for short term treatment for osteoarthritis and tendinitis. Topical NSAIDs are not recommended for osteoarthritis of the spine, hip, or shoulder. Per the CA MTUS, Cyclobenzaprine is a muscle relaxant and not recommended as a topical product. The CA MTUS guidelines indicate: Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Menthol and Camphor are not addressed. The records indicated she was taking oral Tramadol and Mobic. The records revealed that she had received acupuncture, physical therapy and imaging studies. The records do not indicate she is intolerant to other treatments. The records do not indicate a failure of oral Mobic or Tramadol. The records indicate she is able to tolerate oral medications. In addition the requested compound medication contains an ingredient that is not recommended as a topical agent per the CA MTUS guidelines. Therefore, the request for Flurbiprofen 15%, Cyclobenzaprine 3%, Capsaicin 0.0375%, Menthol 2%, and Camphor 1%, 120 grams is not medically necessary.