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| Case Number: | CM15-0124689 | | |
| Date Assigned: | 07/09/2015 | Date of Injury: | 10/02/2009 |
| Decision Date: | 09/15/2015 | UR Denial Date: | 06/10/2015 |
| Priority: | Standard | Application Received: | 06/29/2015 |

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 66-year-old female, with a reported date of injury of 10/02/2009. The mechanism of injury was a fall. The injured worker's symptoms at the time of the injury included left elbow, left shoulder, and wrist pain. The diagnoses include right carpal tunnel syndrome, bilateral rotator cuff syndrome, cervical intervertebral disc displacement without myelopathy, and status post bilateral carpal tunnel release. Treatments and evaluation to date have included physical therapy, oral pain medications, and topical pain medication. The diagnostic studies to date were not included in the medical records provided for review. The progress report dated 04/30/2015 indicates that the injured worker complained of cervical pain, bilateral cervical spine pain, and headaches. Her current pain level was rated 7 out of 10 and was noticeable approximately 80% of the time. The injured worker's discomfort at its worst was rated 9 out of 10; and 4 out of 10 at its best. She had numbness and tingling in the right anterior hand and left anterior hand pain. The injured worker felt better with pain medication and topical compound medication. The objective findings include palpable tenderness at the cervical, left cervical dorsal, right cervical dorsal, upper thoracic, and left anterior shoulder; decreased cervical spine range of motion; bilateral positive Spurling's; decreased left shoulder range of motion; positive left shoulder impingement; and 2+ deep tendon reflexes in the upper extremities. The injured worker had a preliminary urine drug screening on the day of the visit. It was noted that she had a signed pain management agreement with the practice. There was no evidence of impairment, abuse, diversion, or hoarding. There is documentation that the injured worker is retired. The treating physician requested Flurbiprofen 20%/Baclofen2%/Dexamethasone 2%/Menthol

2%/Camphor 2%/Capsaicin 0.0375%/Hyaluronic Acid 0.20% 180 grams (date of service: 04/30/2015). The compounded medication was to be applied to the affected area to reduce pain, increase function and mobility and to decrease the need of additional oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, Hyaluronic acid 0.20% 180gm (Date of service: 04/30/2015): 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: The CA MTUS Chronic Pain Guidelines indicate that topical analgesics are primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. There was no evidence of a trial of an anti-depressant or anti-convulsant as first-line therapy. The compounded medication contains a non-steroidal anti-inflammatory drug (NSAID), Baclofen, Dexamethasone, Menthol, Camphor, Capsaicin, and Hyaluronic acid. MTUS indicates that NSAIDs may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to use topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. For neuropathic pain, topical NSAIDs are not recommended as there is no evidence to support use. Baclofen is not recommended, as "there is no peer-reviewed literature to support the use of topical baclofen." Note that topical Flurbiprofen is not FDA approved, and is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. The only FDA-approved topical NSAIDs are diclofenac formulations. All other topical NSAIDs are not FDA approved. The guidelines also indicate that Capsaicin is "recommended only as an option in patients who have not responded or are intolerant to other treatments." According to the guidelines, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Some of the medications in the request are not recommended by the guidelines. Therefore, the request for Flurbiprofen/Baclofen/Dexamethasone/Menthol/Camphor/Capsaicin/Hyaluronic acid is not medically necessary.