

Case Number:	CM15-0128299		
Date Assigned:	07/15/2015	Date of Injury:	09/15/2013
Decision Date:	08/20/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/03/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 year old male, who sustained an industrial injury on September 15, 2013, incurring head injuries with loss of consciousness, neck, back, left upper extremity, left knee, left ankle and left heel injuries after a slip and fall. He was diagnosed with a cervical spine sprain, lumbar spine sprain, left shoulder contusion, cerebral concussion and left patella contusion. Treatment included chiropractic session, anti-inflammatory drugs, muscle relaxants, knee bracing, physical therapy, and work restrictions. Currently, the injured worker complained of frequent headaches and persistent left knee pain. He experienced difficulty, running, bending, bathing and getting dressed. He complained of continuous pain in the left knee and left ankle with range of motion. The injured worker complained of frequent occipital and frontal headaches, associated with nausea, dizziness, lightheadedness, blurry vision, double vision, light sensitivity, memory loss, bilateral earache, jaw pain and temporomandibular joint pain. The treatment plan that was requested for authorization included a neurology consultation and a prescription for a topical analgesic cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25%/Menthol 10%/Camphor 3%/Capsaicin 0.0375%, 240 gm (unspecified qty, refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Capsaicin Topical Page(s): 111, 113, 29.

Decision rationale: The patient presents with lumbar spine pain, left knee pain and headaches. The request is for Flurbiprofen 25%/Menthol 10%/Camphor 3%/Capsaicin 0.0375%, 240 gm (Unspecified Qty, Refills). The request for authorization is dated 05/26/15. MRI of the left knee, 11/25/13, shows small knee joint effusion, 8 sessions of physical therapy mildly helpful. Headaches continue despite medication. Per progress report dated 06/17/15, the patient is returned to modified duties. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxants as a topical product." MTUS, pg 111-113, Topical Analgesics state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS, pg 29, Capsaicin, topical, Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Treater does not specifically discuss this medication. The requested compound cream contains capsaicin at 0.0375% formulation and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Additionally, MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the treater does not document or discuss this patient presenting with arthritis/tendinitis for which the Flurbiprofen component of this topical medication would be indicated. Therefore, the request is not medically necessary.

Neurology Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medical Practice Guidelines, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

Decision rationale: The patient presents with lumbar spine pain, left knee pain and headaches. The request is for Neurology Consultation. The request for authorization is dated 05/26/15. MRI of the left knee, 11/25/13, shows small knee joint effusion. 8 sessions of physical therapy mildly helpful. Headaches continue despite medication. Per progress report dated 06/17/15, the patient is returned to modified duties. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Per progress report dated 05/14/15, treater's reason for the request is "HAs still occur daily. AME states pt should have FMC for HAs." In this case, the patient continues with headaches despite medication. It would appear that the current treater feels uncomfortable with the patient's medical issues and has requested a Neurology Consultation. Given the patient's condition, the request for a Consultation appears reasonable. Therefore, the request is medically necessary.