

Case Number:	CM15-0176363		
Date Assigned:	09/17/2015	Date of Injury:	03/31/2009
Decision Date:	10/26/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/08/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 59-year-old male who sustained an industrial injury March 31, 2009. Diagnoses have included cervical degenerative disc disease, cervical radiculopathy, median nerve dysfunction - wrist, shoulder impingement syndrome, knee derangement, status post right shoulder arthroscopic surgery; status post L4-S1 fusion with removal of hardware; and history of gastropathy secondary to anti-inflammatory medication. Documented treatments have included injections and medication stated to be "helping in curing and relieving the patient's symptomology and improving activities of daily living making it possible for him to continue working." August 10, 2015 report states "refills are being ordered under a separate cover letter," but this information is not provided with the record. The injured worker continues to report constant cervical pain radiating into the upper extremities and causing headaches. He reported August 10, 2015 that this is worsening and is at 9 out of 10. He also has intermittent bilateral knee pain 4 out of 10, and bilateral shoulder pain 4 out of 10. The treating physician's plan of care includes compound medication Flurbiprofen capsaic 10 percent-0.025 percent which was denied August 17, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Capsaicin 10%/0.025% 120gm #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Per MTUS with regard to Flurbiprofen (p112), "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." The medical records submitted for review do not indicate that the injured worker has osteoarthritis or tendinitis. Per the MTUS guidelines, capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin may have an indication for chronic lower back pain in this context. Per MTUS p 112 "Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy." Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others". Therefore, it would be optimal to trial each medication individually. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As flurbiprofen is not indicated, the request is not medically necessary.