

Case Number:	CM15-0177197		
Date Assigned:	09/28/2015	Date of Injury:	07/12/2010
Decision Date:	11/23/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/09/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 54 year old male, who sustained an industrial injury on 07-12-2010. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for right shoulder impingement syndrome. A progress report dated 06-06-2015 was submitted for review and stated that the IW was not able to attend his follow-up appointment on this date, and requested that his medications be renewed. The IW is status post right shoulder surgery with residual pain rated 5-6 out of 10 on a visual analog scale (VAS) and was described as mild to moderate. There were reported complaints of stiffness of the shoulder, and pain was reported to be aggravated by gripping, grasping, reaching, pulling, lifting, and doing work at or above the shoulder level. The progress note indicates that the IW states that symptoms persist, but medications do offer him temporary relief of pain and improve his ability to have restful sleep. Per the treating physician's progress report (PR), the IW has returned to work with no limitations. Relevant treatments have included right shoulder surgery and pain medications. Current medications include Deprizine, Dicoprofol, Fanatrex, Synapryn, tabradol, capsaicin, flurbiprofen, tramadol and Menthol. There was no indication how long the IW had been prescribed these medications, and no indication of dosing and or instructions for use of capsaicin, flurbiprofen, tramadol and menthol. The request for authorization was not available for review; however, the utilization review letter (08-25-2015) shows that the following medications were requested: capsaicin (unknown dose and quantity), flurbiprofen (unknown dose and quantity), tramadol (unknown dose and quantity), and menthol (unknown dose and quantity). The original utilization review (08-25-2015) non-certified the request for capsaicin (unknown dose and quantity),

flurbiprofen (unknown dose and quantity), tramadol (unknown dose and quantity), and menthol (unknown dose and quantity).

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin, unknown dosage & quantity: 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 the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Unfortunately the request is not accompanied by a strength, dosing or quantity, neither is there documentation of pain and functional improvement with the use of this medication, without this information medical necessity cannot be determined. The request is not medically necessary.

Flurbiprofen, unknown dosage & quantity: 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 the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Unfortunately the request is not accompanied by a strength, dosing or quantity, neither is there documentation of pain and functional improvement with the use of this medication, without this information medical necessity cannot be determined. The request is not medically necessary.

Tramadol, unknown dosage & quantity: 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 the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Unfortunately the request is not accompanied by a strength, dosing or quantity, neither is there documentation of pain and functional improvement with the use of this medication, without this information medical necessity cannot be determined. The request is not medically necessary.

Menthol, unknown dosage & quantity: 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 the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Unfortunately the request is not accompanied by a strength, dosing or quantity, neither is there documentation of pain and functional improvement with the use of this medication, without this information medical necessity cannot be determined. The request is not medically necessary.