

Case Number:	CM15-0177244		
Date Assigned:	09/17/2015	Date of Injury:	04/21/2012
Decision Date:	10/20/2015	UR Denial Date:	08/17/2015
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: North Carolina

Certification(s)/Specialty: Family Practice

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 49 year old male, who sustained an industrial injury on April 21, 2012. The injured worker is diagnosed as having left shoulder pain. His work status is full duty. Currently, the injured worker complains of constant pain that is rated at 5 on 10 (unchanged pain rating for at least 5 months). The pain is increased after working a full day and with heavy lifting and radiates to his "rhomboid" causing a sharp pain. He also experiences pain with bending his arm that causes left shoulder pain. Physical examinations dated May 5, 2015 - August 4, 2015, reveal the left shoulder is tender; there is decreased range of motion, muscle spasms and positive impingement. Tenderness is noted at the "super scapula and rhomboid 120, 140, 80, 90, 30". Treatment to date has included physical therapy, Motrin, cortisone injection (left shoulder), cardio-respiratory diagnostic testing reveals "ectopic beats" "abnormal changes in heart rate" and a sudoscan in August 2015 reveals abnormal feet symmetry and suggests the need for further testing. The therapeutic response to physical therapy, medication and cortisone injection was not included in the documentation. A request for the compound Flurbiprofen 10%- Capsaicin 0.25%-Camphor 2% 120 grams is denied as Flurbiprofen is not supported by guideline criteria and Capsaicin is only recommended as an option if therapeutic efficacy wasn't achieved or intolerance to other treatments was experienced and "topical compounds are largely experimental with few randomized clinical trials demonstrating the efficacy and or safety", per Utilization Review letter dated August 17, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 10%, Capsaicin 0.25%, Camphor 2%, 120 gm: 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: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenicamines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.