

Case Number:	CM15-0179572		
Date Assigned:	09/21/2015	Date of Injury:	04/17/2015
Decision Date:	10/28/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/11/2015

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 52 year old female, who sustained an industrial injury on 04-17-2015. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for right shoulder strain, right wrist strain, and stress and harassment. Medical records (05-08-2015) to indicate ongoing right shoulder pain (decreased from 8 out 10 to 3-4 out of 10), numbness in the right wrist, cramping and weakness in the right hand, depression and anxiety. Records also indicate no changes in activities of daily living. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exams, dated 06-04-2015 and 08-14-2015, revealed no further decreases in pain levels in the right shoulder and right wrist. There was noted increased strength and decreased pain with initial physical therapy and acupuncture treatments. Relevant treatments have included physical therapy (PT) and acupuncture with noted benefit, work restrictions, and medications (ibuprofen and topical analgesic cream since 06-2015). The medical records did not discuss the efficacy of the topical analgesic medication. The request for authorization (08-14-2015) shows that the following medication was requested: compound cream consisting of Flurbiprofen, menthol, capsaicin and camphor. The original utilization review (08-26-2015) denied the request for compound cream consisting of Flurbiprofen, menthol, capsaicin and camphor based on the medication is being used for off label use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream: Flurbi-menthol-caps-camph cream: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: The current request is for a compound cream: flurbi-menthol-caps-camph cream. The RFA is from 08/14/15. Treatment history includes work restriction, medication, physical therapy and acupuncture treatments. The patient is not working. MTUS Guidelines, Topical Analgesics Section, page 111 states: Topical Analgesics: 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. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Flurbiprofen, an NSAID, is indicated for peripheral joint arthritis/tendinitis. MTUS also states that many agents are compounded for pain control including antidepressants and that there is little to no research to support their use. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. MTUS, page 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. Per report 08/14/15, the patient presents with right shoulder pain with popping and clicking, and right wrist pain with numbness. The patient has been using ibuprofen and a topical cream with noted benefit. The treater has requested a refill of the topical analgesic cream that contains Flurbiprofen, menthol, capsaicin and camphor. The patient has been using this topical cream since at least 05/04/15. In this case, the treater does not discuss where this topical cream is to be applied. Furthermore, the compound topical cream contains capsaicin with no indication of the percentage of formulation, and MTUS states that there is no support for formulation exceeding 0.025%. The request IS NOT medically necessary.