

Case Number:	CM15-0179589		
Date Assigned:	09/21/2015	Date of Injury:	03/23/2007
Decision Date:	10/29/2015	UR Denial Date:	08/13/2015
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:

This 59 year old male sustained an industrial injury on 3-23-07. Documentation indicated that the injured worker was receiving treatment for injuries to the cervical spine, lumbar spine, bilateral shoulders, left hip and bilateral feet. Past medical history was significant for hypertension, gastroesophageal reflux disease and hematuria. Previous treatment included physical therapy, acupuncture and medications. Magnetic resonance imaging left knee (3-24-15) showed status post subtotal lateral and medial meniscectomy with evidence of recurrent lateral meniscus tear. Magnetic resonance imaging right knee (3-24-15) showed recurrent medial and lateral meniscus tears versus mucinous changes. In an initial pain management consultation dated 7-6-15, the injured worker complained of low back pain associated with severe muscle spasm with radiation to the left leg associated with tingling, numbness and weakness and progressive limited range of motion of the lumbar spine. The injured worker also complained of pain to the sacroiliac joint. The injured worker rated his pain 8-9 out of 10 on the visual analog scale. Physical exam was remarkable for severe guarding to deep palpation over the lumbar area, severe myofascial pain guarding, lumbar range of motion: forward flexion 70 degrees, extension 20 degrees, bilateral lateral flexion 30 degrees and bilateral rotation 35 degrees, ting and numbness at the L3-5 distribution, "severely" positive straight leg raise and 5 out of 5 bilateral lower extremity strength. The injured worker ambulated normally with a mild limp. Heel and toe gait was performed with some difficulty. The injured worker could not squat fully due to muscle spasms. The physician recommended magnetic resonance imaging lumbar spine and left sacroiliac joint injection. In a PR-2 dated 7-29-15, the

injured worker complained of continued bilateral knee pain, rated 6 out of 10 of 10 on the visual analog scale and low back pain, rated 7 to 8 out of 10. Objective findings were not documented. The treatment plan included requesting re-authorization for an orthopedics consultation for bilateral knees, requesting a motorized scooter and prescriptions for Tramadol and Flurbiprofen-Capsaicin-Camphor cream. On 8-13-15, Utilization Review noncertified a request for Flurbiprofen-Capsaicin-Camphor cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen - Capsaicin - Camphor Cream: 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 59 year old patient complains of low back pain, rated at 7-8/10, and bilateral knee pain, rated at 6/10, as per progress report dated 07/29/15. The request is for Flurbiprofen - Capsaicin - Camphor cream. There is no RFA for this case, and the patient's date of injury is 03/23/07. The patient is status post two left wrist surgeries 23 years ago, status post left ankle surgery 23 years ago, status post right knee surgery in 1999/2000, status post right shoulder surgery in 2007/2008, and status post left knee surgery in 2000 and 2008, as per progress report dated 07/06/15. Diagnoses included lumbar sprain/strain, lumbar paraspinal muscle spasms, lumbar disc herniations, lumbar radiculitis/radiculopathy of the left lower extremity, sacroiliitis of left sacroiliac joint and chronic pain. Medications included Soma, Tramadol and compounded creams. Diagnoses, as per progress report dated 07/29/15, included lumbar sprain/strain, bilateral shoulder sprain/strain and internal derangement, left wrist internal derangement, borderline right carpal tunnel syndrome, lumbar sprain/strain with peroneal and sural neuropathy, bilateral knee sprain/strain, and right knee osteoarthritis. The patient is temporarily totally disabled, as per progress report dated 07/29/15. MTUS Chronic pain guidelines 2009, page 111 and Topical Analgesics section, states: 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. MTUS guidelines, page 111, do not support the use of topical NSAIDs such as Flurbiprofen for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. Regarding capsaicin, guidelines state: "Recommended only as an option in patients who have not responded or are intolerant to other treatments". Capsaicin is allowed for chronic pain condition such as fibromyalgia, osteoarthritis, and nonspecific low back pain. MTUS Guidelines also provide clear discussion regarding topical compounded creams on pg 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, prescriptions for Flurbiprofen / Capsaicin / Camphor / Menthol cream is noted in progress reports dated 07/29/15 and 07/01/15. The treater, however, does not document the efficacy of

this cream. The current request is for Flurbiprofen / Capsaicin / Camphor cream. The treater does not explain why this topical formulation was chosen. The patient does suffer from right knee osteoarthritis for which topical Flurbiprofen may be indicated. However, the physician does not explain where and how the cream will be applied. MTUS does not support use of topical Flurbiprofen for axial or spinal pain. The guidelines also do not support use of Capsaicin unless other treatments have failed and there is no such indication in the reports available for review. Additionally, MTUS Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not indicated. Therefore, the request is not medically necessary.