

Case Number:	CM15-0026739		
Date Assigned:	02/19/2015	Date of Injury:	05/03/2010
Decision Date:	04/03/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/12/2015

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 56 year old female with an industrial injury dated May 3, 2010. The injured worker diagnoses include lumbago, cervical pain and myofascial pain syndrome. She has been treated with diagnostic studies, prescribed medications and periodic follow up visits. In a progress note dated 1/9/2015, her treating physician noted continued pain in the neck and shoulders rated a 7/10 without medication. The treating physician also noted that objective findings revealed lumbar spine tenderness, facet joint tenderness and decreased range of motion and is requesting Flurbiprofen 25%/Capsaicin 0.0275% 60mg cream. UR determination on January 30, 2015 denied the request for Flurbiprofen 25%/Capsaicin 0.0275% 60mg cream, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25%/Capsaicin 0.0275% 60mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesicMedications for chronic pain Page(s): 111-113, 60.

Decision rationale: This patient presents with pain and stiffness in the hands with numbness. The patient also complains of neck and shoulder pain. The current request is for FLURBIPROFEN 25%/CAPSAICAN 0.0275%. The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." For Flurbiprofen, which is a nonsteroidal anti-inflammatory agent, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration?Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amendable to topical treatment." The utilization review denied the request stating that documentation does not reflect failure of first line medication such as antidepressants and anticonvulsant medications. The medical file provided for review includes one progress report dated 1/9/15. This report indicates that current medications include Flurbiprofen/capsaicin cream. It appears the patient has utilized this medication in the past with no documented efficacy. This patient meets the indication for the use of a topical NSAID, but given there are no discussion regarding pain relief or functional improvement, recommendation for further use cannot be made. MTUS page 60 requires documentation of pain and functional assessment with medications are used for chronic pain. The requested topical cream IS NOT medically necessary.