

Case Number:	CM15-0042945		
Date Assigned:	03/13/2015	Date of Injury:	10/29/2011
Decision Date:	04/22/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/06/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 57 year old male sustained an industrial injury to the neck, back, bilateral ankles, bilateral upper extremities and bilateral knees via cumulative trauma from 1/24/11 to 3/4/11. Previous treatment included physical therapy, medications, home exercise, and right shoulder arthroplasty and right shoulder transcutaneous electrical nerve stimulator unit. In the most recent PR-2 submitted for review, dated 8/27/13, the injured worker complained of ongoing pain to the cervical spine associated with chronic headaches, migraines and tension between the shoulder blades as well as pain to bilateral upper extremities, lumbar spine, bilateral knees and bilateral ankles. Current diagnoses included cervical discopathy, lumbar spine discopathy, carpal tunnel syndrome/double crush, bilateral knee internal derangement, bilateral plantar fasciitis and bilateral ankle internal derangement. The physician noted that the injured worker had reached a plateau in treatment and offered provisions for future medical care to include surgical interventions and injection blocks. The physician noted that the injured worker could take the appropriate pharmacological agent for symptomatic relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin powder/lidocaine powder/Cyclobenzaprine HCL powder/Flurbiprofen powder/Glycerin liquid, provided March 27, 2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) .

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, 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. Capsaicin (recommended after failure of 1st line) Chronic Pain Medical Treatment Guidelines Capsaicin page(s) 28 MTUS recommends topical Capsaicin only as an option in patients who have not responded or are intolerant to other treatments. There is no indication that the patient has failed oral medication or is intolerant to other treatments. Additionally, ODG states Topical OTC pain relievers that contain menthol, methyl salicylate, or Capsaicin, may in rare instances because serious burns, a new alert from the FDA warns. Cyclobenzaprine or Muscle Relaxants (not recommended) MTUS states regarding topical muscle relaxants, other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. Topical Cyclobenzaprine is not indicated for this usage, per MTUS. Flurbiprofen (not recommended) MTUS states that the only FDA- approved NSAID medication for topical use includes Diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. As such, the request for Capsaicin powder, lidocaine powder, Cyclobenzaprine HCl powder, Flurbiprofen powder, glycerin liquid is not medically necessary.