

Case Number:	CM15-0067278		
Date Assigned:	04/14/2015	Date of Injury:	04/09/2014
Decision Date:	05/14/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/08/2015

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 25-year-old male, who sustained an industrial injury on 4/9/2014. He reported cutting his right index finger on the fryer, then slipping and injuring his right forearm, low back, right knee and right ankle. Diagnoses have included carpal tunnel syndrome, neuralgia, neuritis and radiculitis unspecified, insomnia and sprains and strains of unspecified site. Treatment to date has included magnetic resonance imaging (MRI), physical therapy, chiropractic treatment, acupuncture and medication. According to the progress report dated 1/16/2015, the injured worker complained of pain in the right index finger, pain in the right knee and pain in the low back. Physical exam revealed decreased pinprick sensation in right index finger, positive sitting straight leg raise test, positive Kemp's test and positive McMurray's test. Authorization was requested for Flurbiprofen 20%/Baclofen 5%/Dexamethasone 2%/Menthol 2%/Camphor 2%/capsaicin 0.038952% 201gm mailed to injured worker date of service 1/20/2015 and 72 hour sample dispensed date of service 1/20/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request: Flurbiprofen 20% / Baclofen 5% / Dexamethasone 2% / Menthol 2% / Camphor 2% / Capsaicin 0.038952% 30 Gms 72 hour sample dispensed Dos 1/20/15 Rx Dated 1/16/15: 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 analgesics Page(s): 111-113.

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, biogenic amines, 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 multiple ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.

Retrospective request: Flurbiprofen 20% / Baclofen 5% / Dexamethasone 2% / Menthol 2% / Camphor 2% / Capsaicin 0.038952% 210 Gms Mailed To Iw Dos 1/20/15 Rx Dated 1/16/15: Upheld

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

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