

Case Number:	CM15-0069667		
Date Assigned:	04/17/2015	Date of Injury:	01/13/2012
Decision Date:	05/26/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/13/2015

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:

The injured worker is a 46-year-old male, who sustained an industrial injury on 1/13/2012. He reported left shoulder, upper left side of chest, upper back and neck pain. The injured worker was diagnosed as having chronic pain adjustment disorder, anxiety disorder, somatization, gastroesophageal reflux disease, left shoulder impingement syndrome, left bicipital tendonitis, cervical spine disc bulge, and cervical spine central canal stenosis. Treatment to date has included medications, urine drug screening, physical therapy, chiropractic treatment, massage, and acupuncture. The request is for Flurbiprofen 25%/Menthol 10%/Camphor 3%/Capsaicin 0.375%. On 3/16/2015, he complained of neck pain rated 5/10, and left shoulder pain rated 3/10. The treatment plan included: Tramadol, Omeprazole, Nortriptyline, Naproxen, and follow up. The records indicate he has done well with chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: DOS: 6/9/2014 Flurbiprofen 25% 30gms, Menthol 10% 12 cm, Camphor 3% 3.6gm Capsaicin 0.375% 3.6 gms Qty: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Analgesics Page(s): s 28; 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

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. 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. MENTHOL only comments on menthol in the context of cryotherapy for acute pain, but does state "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances, cause serious burns; a new alert from the FDA warns."(CAPSAICIN (RECOMMENDED AFTER FAILURE OF 1ST LINE) 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 cause serious burns, a new alert from the FDA warns." Since this medication contain substances that are not recommended. The request for Retro: 6/9/2014 Flurbiprofen 25% 30gms, Menthol 10% 12cm, Camphor 3% 3.6gm, Capsaicin 0.375%, is not medically necessary.