

Case Number:	CM15-0094330		
Date Assigned:	05/20/2015	Date of Injury:	09/24/2010
Decision Date:	06/22/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/15/2015

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: Emergency Medicine

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 44 year old female with an industrial injury dated 9/24/2010. The injured worker's diagnoses include cervical spine sprain/strain with multilevel disc bulges, status post left carpal tunnel release, status post left medial epicondylitis, bilateral wrist sprain/strain, bilateral shoulder sprain/strain and bilateral acromioclavicular joint (AC) degenerative joint disease. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 4/03/2015, the injured worker reported lumbar spine pain rated a 6/10, increased due to cold weather. The injured worker also reported that the left elbow and wrist were doing well. The treating physician noted that since the last examination, the injured worker functional change was slower than expected. Physical exam was noted to be unchanged since last visit on 11/12/2014. The treating physician prescribed FlurbiCapCampMenthol cream (per 4/03/15 order) x 1 and Cycloultram cream (per 4/03/15 order) x 1 refill, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

FlurbiCapCampMenthol cream (per 4/03//15 order) x 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 and 113.

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

Decision rationale: As per MTUS guidelines "Any compound product that contains a drug or drug class that is no recommended is not recommended." 1) Flurbiprofen: Topical NSAIDs are shown to be superior to placebo. It should not be used long term. It may be useful. Flurbiprofen is not FDA approved for topical application. There is no justification by the provider as to why the patient requires a non-FDA approved compounded NSAID when there are multiple other approved products including over the counter medications on the market. It is also prescribed with another NSAID leading to risk for toxicity. Flurbiprofen is not medically necessary. 2) Capsaicin: Data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective. There is no documentation of treatment failure or a successful trial of capsaicin. It is not recommended. 3) Camphor/Menthol: Non active fillers that may have some topical soothing properties. Not a single component of these creams is recommended. Requested compounded product are not medically necessary.

Cycloultram cream (per 4/03/15 order) x 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 and 113.

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

Decision rationale: As per MTUS guidelines, "Any compound product that contains a drug or drug class that is no recommended is not recommended." 1) Cyclobenzaprine is an oral muscle relaxant. It is not FDA approved for topical application. MTUS guidelines do not recommend topical use. It is not medically recommended or appropriate. 2) Tramadol: is an opioid-like medication. It is not FDA approved for topical application. There is no evidence to support its use topically. Not a single component of these creams is recommended. Requested compounded product are not medically necessary.