

Case Number:	CM14-0145632		
Date Assigned:	09/12/2014	Date of Injury:	10/24/2013
Decision Date:	10/21/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California and Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 female with a reported date of injury on 10/24/2013. The mechanism of injury was a fall. The diagnoses included right shoulder sprain, tendinitis of the right shoulder, and cervical sprain/strain. The past treatments included pain medication, physical therapy, and cortisone steroid injection. There was no relevant diagnostic imaging noted in the records. The injured worker's surgical history was not noted in the records. The subjective complaints on 07/31/2014 included right shoulder pain. The physical examination noted tenderness, spasms, and limited range of motion to the right shoulder. The medications included compounded topical cream of Flurbiprofen, Capsaicin, and menthol. The treatment plan was to continue medications and order physical therapy. A request was received for compounded topical formulation containing Flurbiprofen, Capsaicin, and menthol, quantity 120. The rationale was not provided in the notes. The request for authorization form was not provided in the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded topical formulation containing Flurbiprofen, Capsaicin and Menthol, QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111-112.

Decision rationale: The request for Compounded topical formulation containing Flurbiprofen, Capsaicin and Menthol, QTY: 120: is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In regards to Flurbiprofen, topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. The injured worker was not shown to have pain attributed to osteoarthritis. In regards to capsaicin, it is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no documentation the injured worker has failed or is intolerant to other treatments. There is no indication as to the efficacy of the medication. In addition, the submitted request does not specify the dose, frequency, or site of application. As the compound contains at least one drug that is not recommended, the request is not supported. As such, the request is not medically necessary.