

Case Number:	CM14-0139776		
Date Assigned:	09/08/2014	Date of Injury:	03/12/2009
Decision Date:	11/19/2015	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/28/2014

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. 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: Arizona, California
 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:

This is a 37 year old female with a date of injury on 3-12-09. A review of the medical records indicates that the injured worker is undergoing treatment for neck, shoulders, back and wrist pain. Progress report dated 6-30-14 reports continued complaints of low back pain radiating into the bilateral lower extremities associated with numbness. The pain is rated 9 out of 10. Right shoulder pain is greater than the left, rated 8 out of 10 without medication and 7 out of 10 with medications. She has complaints of headaches and neck pain radiation into the bilateral upper extremities with numbness. Right wrist pain is greater than the left and the pain is rated 9 out of 10. Objective findings: tenderness to palpation of the cervical and lumbar spine, lumbar range of motion is decreased, shoulder is tender to palpation with decreased range of motion, and wrist is tender to palpation with decreased range of motion. Treatments include: medication and injections. Request for authorization dated 8-13-14 was made for Capsaicin 0.00375 percent, Flurbiprofen 20 percent, Tramadol 15 percent, Menthol 2 percent, Camphor 2 percent 210 grams. Utilization review dated 8-20-14 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.00375%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2%, 210grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical, Topical Analgesics.

Decision rationale: According to the MTUS guidelines, Capsaicin is recommended in doses under .025%. An increase over this amount has not been shown to be beneficial. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long-term use is not indicated there are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. Any topical that contains a compound that is not recommended is not recommended. The claimant has also been on various other topicals containing similar ingredients. Since the compound in question contains the above ingredients, the Capsaicin 0.00375%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2% is not medically necessary.