

Case Number:	CM13-0004057		
Date Assigned:	12/11/2013	Date of Injury:	09/24/2011
Decision Date:	02/05/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	07/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Emergency Medicine, and is licensed to practice in California. 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 physician 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:

Patient is a 60 year old male with injury date of 9/24/11, (no provided mechanism). Pt has a history of diabetes, renal insufficiency and hypertension. Pt has a diagnosis of L 4-5 left laminectomy and discectomy. Pt reports low back pains and bilateral hip pains. Multiple report from worker's compensation physician (PR2) and orthopedics reviewed from 2011 until 2013. Report on 3/12/13 by [REDACTED] (Orthopedics) reports pre-op visit. Objective findings of right iliac crest pain and discomfort along iliac crest into lumbosacral spine. Extends to left lower extremity with seated nerve root test. Weakness of left knee extensors and extensor halucis longus and dorsiflexors and "some weakness" of plantar flexors. Motor strength is diminished at 3+ to 4-/5. Operative note on 3/15/13 notes surgeries that were done with no noted complications. Note on 3/15/13: post op after surgery has mild complaint of pain. Last note provided was 3/26/2013 s/p lumbar disc surgery. Pt reports improved level of pain but there is no noted objective measure of pain. Pt reports improvement of pain with naproxen. Exam shows healing incision site. No neurological deficits noted. Reported pain with internal and external rotation of leg. Noted to have TENS unit and physical therapy in the past. Pt is noted to be on naproxen, prilosec, zofran, flexeril and tramadol for pain. Lumbo-sacral spine x-ray on 10/20/11 reports negative x-ray with no noted pathology. MRI of spine on 5/4/12 shows L4-5, 2-3mm diffuse disc desiccation and bulge and foraminal stenosis. Request review for prescription for compound Flur/cyclo/caps/lid 10%/2%/0.0125%/1% liquid spray and compound ketop/lidc/caps/tram 15%/1%/0.0125%/5% spray. Last utilization review on 7/18/13 recommended non certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLUR/Cyclo/Caps/Lid (New) 10% 2%; 0.0125% 1% Liq (Spray) #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: According to MTUS, the guidelines recommend: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The compound requested contains: Flurbiprofen, Cyclobenzaprine, capsaicin and lidocaine:1) Flurbiprofen is an NSAID (non-steroidal anti-inflammatory): Topical NSAID has light evidence of efficacy and is recommended for short course only and there is significant systemic absorption. Pt appears to be on another NSAID (Naproxen) and this request for another compound containing NSAIDs poses a risk of high toxicity in combination. It is not recommended. 2) Cyclobenzaprine (Muscle relaxant): Topical muscle relaxants (cyclobenzaprine) are not recommended due to lack of evidence of efficacy. Pt is also on oral flexeril increasing risk of toxicity. 3) Capsaicin: Data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective. 4) Lidocaine: Only efficacy in neuropathic pain, and not recommended in non-neuropathic pain. In conclusion according to MTUS guidelines, since topical Flurbiprofen, cyclobenzaprine and topical lidocaine is not recommended, the compound is not recommended.

Ketop/Lido/Cap/Tram 15% 1% 0.0125% 5% (Spray) #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: According to MTUS, the guidelines recommend : "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The compound requested contains: Ketoprofen, Lidocaine, capsaicin and tramadol: 1) Ketoprofen is an NSAID(non-steroidal anti-inflammatory): As per MTUS, Ketoprofen is not FDA approved for topical application and has a high risk of dermatitis. NSAID has light evidence of efficacy and is recommended for short course only and there is significant systemic absorption. Pt appears to be on another NSAID(Naproxen) and this request for another compound containing NSAIDs poses a risk of high toxicity in combination. It is not recommended. 2) Capsaicin: Data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective. 3) Lidocaine: Only efficacy in neuropathic pain, not recommended in non-neuropathic pain. 4) Tramadol is a centrally acting opiate agonist, there is no evidence that topical application has any efficacy. In conclusion according to MTUS guidelines, since topical Ketoprofen, topical tramadol and topical lidocaine is not recommended, the compound is not

