

Case Number:	CM13-0010992		
Date Assigned:	03/10/2014	Date of Injury:	09/10/2009
Decision Date:	04/03/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/14/2013

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 Physical Medicine and Rehabilitation 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 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:

This is a 43 year old male who was injured on 9/10/2009. According to the 7/5/13 report the patient presents with right knee complaints from a meniscal tear. He has been diagnosed with right knee sprain. The physician states "Tramadol and creams working well for pain control". There was no specific description of what "creams" were being used. On 8/1/13 UR recommended non-certification for use of several compound topicals and Medrox patches. On 11/4/13, the physician reports the patient has 7/10 pain in the lumbar spine and uses meds, creams and s/p LESI x3. On the 10/1/13 report, the topical creams were requested, and it was noted the patient also takes Vicodin and Flexeril, and omeprazole. The diagnoses from the RFA is 847.2 (lumbar sprain).

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF COMPOUND MED: CAPSAICIN 0.25%/FLURBIPROFEN 30%/mETHYLSALICYLATE 4%, 240GM: Upheld

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

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

Decision rationale: The patient presents with low back and knee pain. The 10/1/13 and 11/4/13 reports note the compounded topicals were used for the lumbar condition. I have been asked to review for a compound topical medication containing capsaicin, flurbiprofen and methyl salicylate. MTUS states any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The compound contains Flurbiprofen, a topical NSAID. MTUS specifically states "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. " MTUS does not recommend topical Flurbiprofen for the spine, so any compounded product containing flurbiprofen would not be recommended.

PRESCRIPTION OF COMPOUND MED: FLURBIPROFEN 2%/TRAMADOL 20%, 240 GM: Upheld

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

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

Decision rationale: The patient presents with low back and knee pain. The 10/1/13 and 11/4/13 reports note the compounded topicals were used for the lumbar condition. I have been asked to review for a compound topical medication containing capsaicin, flurbiprofen and tramadol. MTUS states any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The compound contains Flurbiprofen, a topical NSAID. MTUS specifically states "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. " MTUS does not recommend topical Flurbiprofen for the spine, so any compounded product containing flurbiprofen would not be recommended.

PRESCRIPTION OF COMPOUND MED: AMITRIPTYLINE 6%/DEXTROMETHORPHAN 30%/TRAMADOL 10%, 240 GM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with low back and knee pain. The 10/1/13 and 11/4/13 reports note the compounded topicals were used for the lumbar condition. I have been asked to review for a compound topical medication containing amitriptyline, dextromethorphan and tramadol. MTUS states topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The earliest record available for this IMR is dated 2/11/13. There is no discussion of any prior use and failure of antidepressants or anticonvulsants. The request is not in accordance with MTUS guidelines.

**PRESCRIPTION OF COMPOUND MED: CYCLOBENZAPRINE HCL
2%/FLURBIPROFEN 30%, 240GM: Upheld**

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

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

Decision rationale: The patient presents with low back and knee pain. The 10/1/13 and 11/4/13 reports note the compounded topicals were used for the lumbar condition. I have been asked to review for a compound topical medication containing capsaicin, flurbiprofen and tramadol. MTUS states any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The compound contains Flurbiprofen, a topical NSAID. MTUS specifically states "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. " MTUS does not recommend topical Flurbiprofen for the spine, so any compounded product containing flurbiprofen would not be recommended.

MEDROX PATCHES #30: Upheld

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

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

Decision rationale: The patient presents with low back and knee pain. The 10/1/13 and 11/4/13 reports note the compounded topicals were used for the lumbar condition. Medrox contains methyl salicylate 5%, menthol 5% and capsaicin 0.0375%. MTUS guidelines for topical analgesics states "Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. " and "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." the compound also contains Capsaicin 0.375%, and MTUS for capsaicin states " There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. " MTUS does not appear to support the use of 0.375% Capsaicin, therefore the whole compounded topical Medrox is not supported. And there was no discussion of antidepressants and anticonvulsants failing. The request is not in accordance with MTUS guidelines.