

Case Number:	CM13-0012496		
Date Assigned:	03/19/2014	Date of Injury:	10/10/2006
Decision Date:	06/30/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/12/2013

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 Occupational 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 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 patient is an employee of [REDACTED] and has submitted a claim for cervical spine radiculopathy, cervical spine multilevel disc protrusion, cervical spine degenerative disc disease, cervical spine disc syndrome without myelopathy and multiple strains/sprains associated with an industrial injury date of 10/10/2006. Treatment to date has included oral medications, medial branch block injections, splint, chiropractic treatment, radiofrequency ablation, and physical therapy. Utilization review decision from 09/10/2013 denied the requests for Flurbiprofen 25%/Lidocaine 5%/Menthol 5%/Camphor 1% and Tramadol 15%/Lidocaine 5%/Dextromethorphan 10%/Capsaicin 0.025%. Medical records from May 2011 to October 2013 were reviewed. Most recent progress report dated 10/22/2013 was handwritten and partly illegible. Patient still complains of neck pain 7/10 with tingling and numbness. Right wrist pains 8/10 as well as right knee pain 6-7/10 were likewise noted. There was no mention of any limitation in functional activities or if patient is compliant with her present medications. No objective findings were documented. MRI, right ankle (08/11/2011) showed ankle joint effusion. MRI, right knee (08/11/2011) documented myxoid degeneration and knee joint effusion. MRI, right wrist (08/11/2011) showed erosions/cysts in capitate with fibrocartilage complex degeneration. MRI, right elbow (08/11/2011) documented lateral epicondylitis and elbow joint effusion. MRI, right shoulder (08/11/2011) showed acromioclavicular joint arthropathy. The impression for Cervical MRI (08/11/2013) was multi-level central disc protrusion with annular tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN 25%/LIDOCAINE 5%/MENTHOL 5%/ CAMPHOR 1%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; Salicylate Topicals

Decision rationale: Page 111-113 of MTUS Chronic Pain Medical Treatment Guidelines states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Compounded Flurbiprofen and NSAIDs in general do not show consistent efficacy and are not FDA approved. Lidocaine topical is only approved as a dermal patch formulation. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. The guidelines do not address camphor however, any compounded product that contains at least one drug (drug class) that is not recommended is not recommended. In this case, the documentation submitted for review was insufficient to indicate that the patient has failed a trial of oral pain medications prior to proceeding with the use of topical analgesic. There was also no discussion concerning the prescription of unsupported medications based on guidelines. The request for Flurbiprofen 25%/Lidocaine 5%/Menthol 5%/Camphor 1% is therefore not medically necessary and appropriate.

TRAMADOL 15%/ LIDOCAINE 5%/ DEXTROMETHORPHAN 10%/ CAPSAICIN 0.025%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: Page 111-113 of MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Lidocaine topical is only approved as a dermal patch formulation. Capsaicin 0.025% is recommended for osteoarthritis only as an option in patients who have not responded or are intolerant to other treatments. Tramadol is indicated for moderate to severe pain. Dextromethorphan is not addressed in the guidelines. However, any compounded product that contains at least one drug (drug class) that is not recommended is not recommended. In this case, the documentation submitted for review was insufficient to indicate that the patient has failed a trial of oral pain medications prior to proceeding with the use of topical analgesic. The request for Tramadol 15%/Lidocaine 5%/Dextromethorphan 10%/Capsaicin 0.025% is therefore not medically necessary and appropriate.

