

Case Number:	CM13-0016714		
Date Assigned:	10/11/2013	Date of Injury:	04/11/2009
Decision Date:	12/30/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/26/2013

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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 a 32 year old male with an injury date of 04/11/09. Based on the 07/05/14 progress report provided by treating physician, the patient complains of lumbar spine pain rated 7/10 that radiates down to the toes with numbness. The patient ambulates with an antalgic gait. Physical examination to the lumbar spine revealed tenderness to palpation to the lumbar paravertebral muscles, and decreased range of motion, especially on extension 20 degrees. Patient is temporarily totally disabled. Diagnosis 07/05/14; multi lumbar spine discopathy; status post surgery, lumbar spine; loss of sleep; anxiety; depression. The utilization review determination being challenged is dated 08/16/13. Treatment reports were provided from 03/12/13 - 07/05/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

240gr Capsaicin, Flubiprofen, Methyl Salicylate, Tramadol, Mentol, and Camphor:
Upheld

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

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

Decision rationale: The patient presents with lumbar spine pain rated 7/10 that radiates down to the toes with numbness. The request is for 240gr Capsaicin, Flubiprofen, Methyl Salicylate, Tramadol, Mentol, and Camphor. Patient is status post lumbar surgery, date unspecified. Patient's diagnosis dated 07/05/14 included multi lumbar spine discopathy. The MTUS has the following regarding topical creams (p111, chronic pain section): "TopicalAnalgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Provider has not provided reason for the request. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Diclofenac and Tramadol, which are not supported for topical use in lotion form per MTUS. The request is not medically necessary.

240gr Flurbiprofen, Tramadol: Upheld

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

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

Decision rationale: The patient presents with lumbar spine pain rated 7/10 that radiates down to the toes with numbness. The request is for 240gr Flurbiprofen, Tramadol. The patient is status post lumbar surgery, date unspecified. Patient's diagnosis dated 07/05/14 included multi lumbar spine discopathy. The MTUS has the following regarding topical creams (p111, chronic pain section): "TopicalAnalgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." The treating physician has not provided reason for the request. The MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Flurbiprofen and Tramadol, which are not supported for topical use in lotion form per MTUS. Therefore the request is not medically necessary.

Medrox Patches: Upheld

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

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

Decision rationale: The patient presents with lumbar spine pain rated 7/10 that radiates down to the toes with numbness. The request is for Medrox Patches. The patient is status post lumbar surgery, date unspecified. Patient's diagnosis dated 07/05/14 included multi lumbar spine discopathy. The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." The MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." The treating physician has not provided reason for the request. According to drugs.com, Medrox patch contains MENTHOL 5g in 100g, CAPSAICIN 0.0375g in 100g. The MTUS Guidelines allows capsaicin for chronic pain condition such as fibromyalgia, osteoarthritis, and nonspecific low back pain. However, MTUS Guidelines consider doses that are higher than 0.025% to be experimental particularly at high doses. Medrox patch contains 0.0375% of capsaicin, which is not supported by MTUS. Therefore the request is not medically necessary.