

Case Number:	CM13-0020322		
Date Assigned:	10/11/2013	Date of Injury:	09/14/2009
Decision Date:	01/27/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/05/2013

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 Neurology, has a subspecialty in Neuromuscular 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:

The claimant is a 63-year-old man who sustained a work related injury on September 10 2009. According to an evaluation performed on September 3 2013, the patient injured his neck and lower back. He was treated with Norco, physical therapy, Naproxen, trigger point injections and epidural injection with temporal relief. He still complaining of neck and back pain that is exacerbated by coughing. His neurological examination was normal; he has limited lumbar range of motion. His neck MRI showed disc degeneration and narrowing at C5-6 and C6-7. His lumbar MRI showed herniated disc at L3-4, L4-5 and L5-S1. EMG/NCV was normal. He was diagnosed with cervical and lumbar herniated discs. His provider requested treatment with of Flurbiprofen 25% / Lidocaine 5% /Menthol 5% / Camphor 1% and Tramadol 15% / Lidocaine 5% / Dextromethorphan 10% / Capsaicin 0.025% creams.

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. Decision based on Non-MTUS Citation Official Disability Guidelines- Criteria for Compound drugs.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Flurbiprofen is not approved for transdermal use. Furthermore, oral form of these medications was not recently attempted, and there is no documentation of failure or adverse reaction from its use. There is no documentation of failure (lack of efficacy, side effects, and swallowing difficulties) of first line pain medications such as antiepileptic drugs. Based on the above, the combination Flurbiprofen 25% / Lidocaine 5% /Menthol 5% / Camphor 1% is not medically necessary.

Tramadol 15% / Lidocaine 5% / Dextromethorphan 10% / Capsaicin 0.025%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines- Criteria for Compound drugs.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. This combination contains capsaicin a topical analgesic not recommended by MTUS for chronic neck and back pain. There is no documentation of failure (lack of efficacy, side effects, and swallowing difficulties) of first line pain medications such as antiepileptic drugs. Based on the above, the combination of Tramadol 15% / Lidocaine 5% / Dextromethorphan 10% / Capsaicin 0.025% is not medically necessary.