

Case Number:	CM13-0028048		
Date Assigned:	02/10/2014	Date of Injury:	02/27/2008
Decision Date:	08/04/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/23/2013

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:

Injured worker is a male with date of injury 2/27/2008. Per the primary treating physician's progress report dated 7/31/2013, the injured worker has herniated nucleus populsus L5-S1 on right, with radiculopathy in right leg, and flare up. He is not attending physical therapy or chiropractic treatments. He is using medications and is working. On examination there are sensory defects in S1 distribution on the right. Straight leg raise is positive on the right. Flexion is 55 degrees, extention 15 degrees, lateral bending is 25 degrees bilaterally. Diagnoses include 1) herniated L5-S1 intervertebral disc. 2) radiculopathy right lower extremity. 3) post traumatic coccygodynia. 4) chronic right medical ankle sprain. 5) status post epidural x2.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN/LIDOCAINE/MENTHOL/CAMPBOR (RETRO): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs section, Topical Analgesics section Page(s): 67-73, 111-113.

Decision rationale: The MTUS Guidelines recommend the use of NSAIDs for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Topical NSAIDs

have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. Flurbiprofen is supported for mild to moderate pain. Topical lidocaine in the form of a dermal patch has been designated by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and antipruritics. Menthol is not addressed by the MTUS Guidelines, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well as binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. Camphor is not addressed by the MTUS Guidelines. It is a well established folk remedy, and is commonly used. When applied to skin it seems to stimulate nerve endings that relieve symptoms such as pain and itching. The use of topical analgesics are recommended by the MTUS Guidelines as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. For this compounded topical analgesic, topical lidocaine is not recommended, so the entire compounded agent is not recommended. The request for Flurbiprofen/Lidocaine/Menthol/Camphor (retro) is not medically necessary.

TRAMADOL/DEXTROMETHORPHAN/CAPSAICIN (RETRO): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Topical section, Opioids for Neuropathic Pain section and Opioids, specific drug list section, Topical Analgesics section Page(s): 28, 29, 82, 83, 93, 94, 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Pain Medicine. 2014 Feb; 15(2): 292-305.

Decision rationale: The MTUS Guidelines state that tramadol is not recommended as a first-line oral analgesic. The MTUS Guidelines and the ODG do not address the use of tramadol as a topical analgesic. A PubMed search for topical tramadol only provides research for topical tramadol in post operative oral surgery and postoperative tonsillectomy. The use of dextromethorphan is not addressed by the MTUS Guidelines or the ODG. A PubMed search reveals that the use of dextro methorphan for chronic neuropathic pain has level 3 evidence. The use of dextromethorphan is therefore opinion based without supporting evidence. The guidelines do recommend the use of topical capsaicin only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indications that this increase over a 0.025% formulation would provide any further efficacy. The use of topical analgesics are recommended by the MTUS Guidelines as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. For this compounded topical analgesic, topical tramadol and topical dextromethorphan is not recommended, so the entire compounded agent is not recommended. The request for tramadol, dextromethorphan, capsaicin is not be medically necessary.

