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| Case Number: | CM13-0029330 | | |
| Date Assigned: | 09/08/2014 | Date of Injury: | 06/09/2010 |
| Decision Date: | 10/09/2014 | UR Denial Date: | 09/16/2013 |
| Priority: | Standard | Application Received: | 09/25/2013 |

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 & Rehabilitation and is licensed to practice in Texas and Ohio. 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 injured worker is a 63-year-old male who reported an injury on 06/09/2010, reportedly when opening a counterweight door, pushing and pulling baskets out of the furnace he sustained injuries to his lower back. His treatment history included MRI studies, lumbar spine surgery, topical cream medications, localized intense neurostimulation therapy (LINT) therapy, psychological evaluation, lumbar epidural steroid injection at disc levels, and transdermal analgesics. The injured worker was evaluated on 08/28/2013 and it was documented the injured worker complained of low back pain rated at 8/10 that was constant and stabbing. Objective findings, lumbar spine were decreased in range of motion. Tenderness to palpation at L2-5. Positive for neural spasms. Bilateral lower extremity strength was 5/5. Diagnoses included lumbar disc with radiculopathy, and lumbar disc disease. The Request for Authorization dated 09/03/2013, was for capsaicin 0.025%, Flurbiprofen 30%, menthol salicylate 4%, 30 gms and Flurbiprofen 20%, tramadol 20%, 30 gms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025%, Flurbiprofen 30%, Menthol Salicylate 4%-30gms #1 dispensed on 08/28/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 28, 29.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines state that 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. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations: Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). 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. Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. The provider failed to indicate where topical cream will be applied and quantity of requested medication. As, such the request is not medically necessary.

Flurbiprofen 20%, Tramadol 20%-30gms #1 dispensed on 08/28/2013: 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: Chronic Pain Medical Treatment Guidelines state that 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. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. Any compounded product that contains at

least one drug (or drug class) that is not recommended is not recommended. The provider failed to indicate where topical cream will be applied and quantity of requested medication. As such the request Flurbiprofen 20%, Tramadol 20%-30gms #1 dispensed on 08/28/2013 is not medically necessary and appropriate.