

Case Number:	CM13-0030998		
Date Assigned:	03/17/2014	Date of Injury:	07/25/2008
Decision Date:	05/29/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/02/2013

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:

Patient is a 67 year old male with date of injury 7/25/2008. The most recent medical record, a primary treating physician's medical legal evaluation, dated 01/24/2013, lists subjective complaints as lower back pain, radiating into the bilateral lower extremities down to the feet with associated intermittent numbness and tingling. He also complains of bilateral knee pain and swelling. The pain is associated with clicking and popping upon knee motion. Objective findings: Examination of the lumbar spine revealed tenderness to palpation, associated with muscle spasms over the paraspinals, erectors and quadrates lumborum muscles, bilaterally. Valsava test was positive. There was decreased range of motion with pain. Examination of the knees noted mild swelling around the knee joint, bilaterally, tenderness to palpation over the medial joint line, supra patella tendon, infra patella tendon and over the tibial tuberosity region, bilaterally. Diagnosis: 1. Lumbar IVD syndrome 2. Lumbar radiculopathy 3. Bilateral knee medial meniscus tear. The medical records provided for review document that the patient has been on the following medications for several months. Medications: 1. Capsaicin 0.0375% 2. Diclofenac 20% 3. Tramadol 10% 4. Ketoprofen 10% 5. Camphor 2% 6. Menthol 2% 7. Flurbiprofen 30% 8. Lidocaine 10%.

IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR COMPOUNDED MEDICATION:
FLURBIPROFEN 20%/TRAMADOL 20% DISPENSED 6/11/13: Upheld**

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Â§9792.20 - 9792.26 Page(s): 111,115.

Decision rationale: The Expert Reviewer's decision rationale: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is no documentation of functional improvement supporting the continued long-term use of opioids. Flurbiprofen 20%/Tramadol 20% dispensed 6/11/13 is not medically necessary.

**RETROSPECTIVE REQUEST FOR COMPOUND MEDICATION: CAPSAICIN
0.025%/ FLURBIPROFEN POWDER 30%/METHYL SALICYLATE 4% #30
DISPENSED 6/11/13: Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Â§9792.20 - 9792.26 Page(s): 105,111.

Decision rationale: There is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin topical is recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical record contains no documentation that the patient is intolerant of unresponsive to other treatments. Capsaicin 0.025%/ Flurbiprofen Powder 30%/Methyl Salicylate 4% #30 dispensed 6/11/13 is not medically necessary.