

Case Number:	CM13-0031619		
Date Assigned:	12/04/2013	Date of Injury:	10/23/2009
Decision Date:	04/18/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	10/03/2013

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 Illinois. 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 59-year-old female who reported an injury on 10/23/2009. The mechanism of injury was not specifically stated. The patient is currently diagnosed with generalized pain. A request for authorization was submitted by [REDACTED] on 01/22/2013 for two separate compounded creams. However, there is no physical examination or physician progress report submitted by [REDACTED] for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBINOPREN/CYCLOBENZAPRINE/CAPSAICIN/LIDOCAINE 10%/2%/0.0125%/ 1% LIQUID, WITH 8 REFILLS, 120 DAYS, 30, SPRAY 2-3 TIMES DAILY:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Capsaicin is recommended only as an option in patients who have not responded or are intolerant

to other treatments. Lidocaine is indicated for neuropathic or localized peripheral pain after there has been evidence of a trial of first line therapy. The only FDA approved topical NSAID is diclofenac. There is no evidence for the use of any muscle relaxant as a topical product. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

KETOPROFEN/LIDOCAINE/CAPSAICIN/TRAMADOL - 15%/1%/0.0125%, LIQUID, WITH 8 REFILLS, 60 DAYS, 15, SPRAY 2-3 TIMES DAILY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The only FDA approved topical NSAID is diclofenac. There is no evidence for the use of any muscle relaxant as a topical product. Lidocaine is indicated for neuropathic or localized peripheral pain after there has been evidence of a failure of first line therapy. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatment. Based on the lack of clinical information received and the California MTUS Guidelines, the request is non-certified.