

Case Number:	CM13-0040270		
Date Assigned:	12/20/2013	Date of Injury:	09/14/2010
Decision Date:	02/11/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/29/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

This is a 55 year-old female with a 9/14/10 industrial injury claim. She has lower back pain and has been diagnosed as: s/p lumbar fusion 6/11/12. The IMR application shows a dispute with the 10/14/13 UR decision. The 10/14/13 UR decision was for denial of an unknown dosage of capsaicin and flurbiprofen cream. This was based on a 9/14/13 report from [REDACTED], which unfortunately was not provided for this IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded capsaicin/Flurbiprofen cream dispensed on 9/4/13: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The rationale for the use of the topical compound of flurbiprofen/capsaicin for the lower back, was not provided for this IMR, but does not appear necessary, because MTUS specifically states states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. And regarding flurbiprofen, the

NSAID, MTUS states there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The use of any compound topical containing Flurbiprofen for the low back/spine would not be in accordance with MTUS guidelines.