MAXIMUS Federal Services

Case Number:	CM13-0040718		
Date Assigned:	03/21/2014	Date of Injury:	10/21/2010
Decision Date:	05/08/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/29/2013

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 and 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 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:

This is a 57 year-old male who was injured on 10/21/2010. He has been diagnosed with displaced thoracolumbar intervertebral disc; internal derangement of knee; and anxiety and depression. The 9/20/13 progress note from [redacted] is handwritten and has poor copy/fax quality, making it difficult to read. It appears to state there is 5/10 low back pain and left knee issues. There is a 12/17/13 MRI of the left knee showing minimal tri-compartmental OA. 10/25/13 EMG shows left chronic L5 denervation, with normal NCS.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF 240G COMPOUND (FLURBIPROFEN 20%, TRAMADOL 20%): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and Pain Outcomes and Endpoints Page(s): 111-113,8-9.

Decision rationale: The patient presents with low back with left L5 radiculopathy and left knee pain with tricomparmental osteoarthritis. I have been asked to review for a compound topical

medication containing Flurbiprofen and tramadol. The medical reports did not discuss efficacy of the compounded medications. On page 111, under topical analgesics, MTUS gives a general statement about compounded products: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." . The compound contains tramadol, and MTUS for topical analgesics states these are: ". Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. " There was a 10/23/13 AME report that contained a record review back through 2008. The patient has tried Lyrica as noted on the 12/19/08 and 12/19/2009. The records did not show trials of antidepressants. The patient does not meet the MTUS requirements for topical tramadol. Therefore the whole compounded topical that contains tramadol is not recommended.

PRESCRIPTION OF 240G COMPOUND (CAPSAICIN 0.025%, FLURBIPROFEN 30%, METHYL SALICYLATE 4%): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and Pain Outcomes and Endpoints Page(s): 111-113,8-9.

Decision rationale: The patient presents with low back with left L5 radiculopathy and left knee pain with tricomparmental osteoarthritis. I have been asked to review for a compounded topical containing capsaicin, Flurbiprofen and methyl salicylate. The patient has OA of the left knee and radicular symptoms in the left leg. MTUS has support for capsaicin 0.025% for OA , and support for topical NSAIDs for the knee, and support for methyl salicylate. The patient has been using the topical compound, but there is no reporting on efficacy. MTUS on page 9 states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement," MTUS on page 8 states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of the compounded topical containing capsaicin, Flurbiprofen and methyl salicylate. MTUS does not recommend continuing treatment if there is not a satisfactory response