MAXIMUS Federal Services

Case Number:	CM13-0040810		
Date Assigned:	12/20/2013	Date of Injury:	03/19/2007
Decision Date:	05/15/2014	UR Denial Date:	10/04/2013
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 & Rehabilitation and is licensed to practice in Texas. 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 69-year-old male who reported an injury on 03/16/2007, secondary to heavy lifting. The current diagnoses include central disc syndrome with herniated lumbar spine disc, intermittent bilateral radiculopathy in the lower extremity, facet syndrome in the lumbar spine, and lumbar radiculopathy. The injured worker was evaluated on 08/19/2013. The injured worker reported increasing lower extremity radiculopathy. Physical examination revealed limited lumbar range of motion, positive straight leg raising, positive Lasegue's testing, and sensory deficit. Treatment recommendations included a prescription for 2 compounded creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND MEDICATION: FLURBIPROFEN 20% / LIDOCAINE 5% / MENTHOL 5% / CAMPHOR 1%: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any

compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. The only FDA-approved topical NSAID is Diclofenac. Lidocaine is indicated for neuropathic or localized peripheral pain after there has been evidence of a trial of first-line therapy. There is no documentation of a trial of first-line therapy with antidepressants or anticonvulsants prior to the initiation of a topical analgesic. The MTUS Chronic Pain Guidelines further state no other commercially-approved topical formulation of lidocaine, whether cream, lotion, or gel is indicated for neuropathic pain. The request is not medically necessary and appropriate.

COMPOUND MEDICATION: TRAMADOL 15% / DEXTROMETHORPAHN 10% / CAPSAICIN 0.025%: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. Capsaicin is only indicated in patients who are intolerant or have not responded to other treatments. Capsaicin is generally available as a 0.025% formulation for treatment of osteoarthritis. There is no documentation of a trial of first-line therapy prior to the initiation of a topical analgesic. The injured worker does not maintain a diagnosis of osteoarthritis. Based on the clinical information received and the MTUS Chronic Pain Guidelines, the request is not medically necessary and appropriate.