MAXIMUS Federal Services

Case Number:	CM13-0041645		
Date Assigned:	12/20/2013	Date of Injury:	03/01/2012
Decision Date:	05/06/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	10/11/2013

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, 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 injured worker is a 57-year-old who reported an injury on March 1, 2012. The injured worker was reportedly sitting in the front passenger seat of a fire engine when the engine struck a pothole, causing increased pain to the lower back with numbness and tingling in the left lower extremity. The current diagnosis is lumbar discopathy with severe spondylosis. A Request for Authorization was submitted in October of 2013 for two compounded creams. However, there is no physician progress report submitted on the requesting date. The latest physician progress report by the requesting provider is documented on April 1, 2013. The injured worker reported persistent lower back pain. Physical examination revealed tenderness to palpation, paravertebral muscle spasm, painful range of motion, positive straight leg raising, and dysesthesia in the L5 and S1 dermatomes on the right. Treatment recommendations included a lumbar epidural block and continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE HCL POWDER 2.4/CAPSAICIN POWDER 0.015G/LIDOCAINE POWDER1.2/GLYCERIN LIQUID 30ML/ FLURBIPROFEN POWER 12G, #120 (DOS: 04/09/13: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment 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 (non-steroidal anti-inflammatory drugs) is diclofenac. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Furthermore, muscle relaxants are not recommended as there is no evidence for the use of any muscle relaxant as a topical product. The request for Cyclobenzabrine powder 2.4/Capsaicin powder 0.015 grams/Lidocaine powder 1.2/glycerin liquid 30 ml/fluirbiprofen powder 12 grams, 120 count, provided on April 9, 2013, is not medically necessary or appropriate.

KETOPROFEN POWDER 18G/ GLYCERIN LIQUID 36ML/LIDOCAINE HCL POWDER 1.2G/ CAPSAICIN POWDER 0.0144G/ TRAMADOL HCL POWDER 6G #120 (DOS: 04/09/2013): Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment 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. Lidocaine is indicated for neuropathic or localized peripheral pain after there has been evidence of a trial of first line therapy. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The request for Ketoprofen powder 18 grams/glycerin liquid 36ml/Lidocaine HCL powder 1.2 grams/Capsaicin powder 0.0144 grams/Tramadol HCL powder 6 grams, 120 count, provided on April 9, 2013, is not medically necessary or appropriate.