

Case Number:	CM13-0050740		
Date Assigned:	02/05/2014	Date of Injury:	07/21/1999
Decision Date:	06/26/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/14/2013

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, has a subspecialty in Pain Medicine 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 female patient with a date of injury of July 21, 1999. A utilization review determination dated October 29, 2013 recommends non-certification of 2 compound medications for the lumbar spine. The most recent progress report available for review is dated November 19, 2013. Subjective complaints include low back pain which radiates into the left leg. Physical examination findings identify reduced spinal range of motion, decreased sensation in the left lateral leg, decreased strength in the leg, and tenderness of the paraspinal muscles. The diagnoses include status post lumbar laminectomy in 2000 and obesity. The treatment plan recommends neurologic consultation. A progress report dated October 3, 2013 recommends to topical compound medications, one containing flurbiprofen, lidocaine, menthol, camphor, and capsaicin. The 2nd includes tramadol, dextromethorphan, and capsaicin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for prescription of Flurbiprofen 20%Lidocaine 5%Menthol 5%Camphor 1% #30gm: 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: Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Regarding the use of topical non-steroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment osteoarthritis, but either not afterwards, or with the diminishing effect over another two-week period. Regarding the use of topical lidocaine, guidelines state that it is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Guidelines do not support the use of topical lidocaine except in patch form. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used for short duration. Additionally, there is no documentation of localized peripheral pain with evidence of failure of first-line therapy as recommended by guidelines prior to the initiation of topical lidocaine. Finally, guidelines do not support lidocaine in a non-patch formulation. In the absence of clarity regarding those issues, the current request is not medically necessary.

Tramadol 15%Dextromethorphan 10%Capsaicin 0.025% #100mg tube (28ds) for the Lumbar: 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: Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Regarding request for capsaicin cream, guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Within the documentation available for review, there's no indication that the patient has obtained any analgesic effect or objective functional improvement from the use of capsaicin cream. Additionally, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of capsaicin therapy. Guidelines do not support the use of tramadol in a topical formulation, and are silent regarding the topical use of dextromethorphan. In the absence of clarity regarding those issues, the request is not medically necessary.