

Case Number:	CM13-0051764		
Date Assigned:	12/27/2013	Date of Injury:	03/11/2002
Decision Date:	05/06/2014	UR Denial Date:	10/28/2013
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 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:

The injured worker is a 54-year-old male with a reported date of injury on 03/11/2002. The mechanism of injury was not provided within the medical records. The injured worker presented with persistent pain in the lumbar spine radiating to the mid back, lumbar spine tenderness to the paraspinals, decreased range of motion in the lumbar spine secondary to pain, tenderness to the bilateral SI joints, and a positive Faber's. It was indicated the injured worker had pain relief with compounded creams. The injured worker's current diagnoses included lumbar discopathy with displacement, cervical radiculopathy, and lumbar radiculopathy. The physician requested the compounded cream medication on 10/31/2013 for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

120g compound medication, (Flurbiprofen25%/menthol10%/Camphor3%/Capsaicin 0.0375%): 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 Page(s): 111-113.

Decision rationale: The California MTUS guidelines note topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. The guidelines note these medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) The guidelines recommend the use of topical NSAIDs for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and use with neuropathic pain is not recommended as there is no evidence to support use. The California MTUS Guidelines recommend the use of capsaicin for patients with osteoarthritis, postherpetic neuralgia, diabetic neuropathy, and post mastectomy pain. The guidelines recommend the use of capsaicin only as an option in patients who have not responded or are intolerant to other treatments. The guidelines state any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Per the provided documentation, it did not appear the injured worker would be utilizing the cream for the knee, elbow, or other joints that are amenable to topical treatment. It did not appear the injured worker had a diagnosis of arthritis or tendinitis that would indicate the injured worker's need for a topical NSAID medication. Within the provided documentation, there was no indication the injured worker had posttraumatic neuralgia, diabetic neuropathy, or osteoarthritis which would indicate the injured worker's need for capsaicin. Additionally, the guidelines recommend the use of capsaicin for patients who have not responded or are intolerant to other treatment. Within the provided documentation, it did not appear the injured worker was intolerant of other treatments or had not responded to other treatments. As such, the request for 120g compound medication, (Flurbiprofen 25%/menthol 10%/Camphor 3%/Capsaicin 0.0375%) is non-certified.