

Case Number:	CM13-0059852		
Date Assigned:	12/30/2013	Date of Injury:	12/04/2012
Decision Date:	05/09/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/02/2013

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 29-year-old female who reported injury on 12/04/2012. The mechanism of injury was the injured worker was driving a bus and went over a bump. The injured worker's diagnoses included thoracic or lumbosacral neuritis or radiculitis unspecified, lumbar sprain, lumbago, low back pain, low back syndrome, lumbalgia, displacement of lumbar intervertebral disc without myelopathy, and intervertebral disc disorder with myelopathy, lumbar region. The DWC Form RFA dated 09/04/2013 revealed a request for capsaicin, Flurbiprofen, tramadol, menthol, and camphor, as well as Flurbiprofen and tramadol in a separate cream. The documentation of 10/17/2013 revealed the injured worker had complaints of increased low back pain since the last visit. The injured worker was prescribed Neurontin and Celebrex, as well as the 2 topical creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAPSAICIN 0.025% QTY: 0.06: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylates, Topical Analgesics, Topical Capsaicin Page(s): 105,111,28.

Decision rationale: The California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. California MTUS guidelines recommend treatment with topical salicylates. The clinical documentation submitted for review failed to indicate the injured worker had neuropathic pain. Additionally, it failed to indicate the injured worker had a trial and failure of antidepressants and anticonvulsants. The injured worker was noted to be utilizing gabapentin at the same time. The request as submitted failed to indicate the frequency for the medication. The duration for the use of the medication could not be established. There was a lack of documentation to support the necessity for the requested medication. Given the above, the request for capsaicin 0.025%, quantity 0.06, is not medically necessary.

FLURBIPROFEN 20% QTY: 48.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Flurbiprofen Page(s): 111,72.

Decision rationale: California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended... Regarding Topical Flurbiprofen...FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of antidepressants and anticonvulsants, and that the injured worker had neuropathic pain. It was indicated the injured worker was concurrently utilizing gabapentin. The request as submitted failed to provide documentation of the frequency for the medication. The duration for the use of the medication could not be established. Given the above, the request for Flurbiprofen 20%, quantity 48.00, is not medically necessary.

TRAMADOL 10% QTY: 24.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Tramadol Page(s): 111,82. Decision based on Non-MTUS Citation FDA.gov.

Decision rationale: CA MTUS states that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. A thorough search of FDA.gov, did not indicate there was a formulation of topical Tramadol that had been FDA approved. The approved form of Tramadol is for oral consumption, which is not recommended as a first line therapy per CA MTUS guidelines. There was a lack of documentation indicating the necessity for topical tramadol. The clinical documentation submitted for review failed to indicate the injured worker and neuropathic pain and that trials of antidepressants and anticonvulsants had failed. The request as submitted failed to provide the frequency that was being requested. The duration for the use of the medication could not be established. Given the above, the request for tramadol 10% quantity 24.00 is not medically necessary.

MENTHOL 2% QTY: 4.80: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate, Topical Analgesic Page(s): 105,111.

Decision rationale: California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. California MTUS guidelines recommend treatment with topical salicylates. The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation indicating the injured worker had neuropathic pain. The request as submitted failed to indicate the frequency for the requested medication. The duration for the use of the medication could not be established. Given the above, the request for menthol 2% quantity 4.80 is not medically necessary.

CAMPHOR 2% QTY: 4.80: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate, Topical Analgesic Page(s): 111,105.

Decision rationale: California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...California MTUS guidelines recommend treatment with topical salicylates. The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation indicating the injured

worker had neuropathic pain. The request as submitted failed to indicate the frequency for the requested medication. The duration for the use of the medication could not be established. Given the above, the request for camphor 2% quantity 4.80 is not medically necessary.