

Case Number:	CM13-0064847		
Date Assigned:	01/03/2014	Date of Injury:	12/20/2006
Decision Date:	04/15/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/12/2013

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 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 patient is a 59-year-old female with a reported date of injury on 12/20/2006; the mechanism of injury was not provided within the medical records. The patient had back pain rated 7/10, knee pain on the right rated 5/10, increasing cervicgia with radiation of the pain into her upper extremities. Pain and tightness in the cervical spine, palpable lumbosacral paraspinal muscle spasm with myofascial trigger points, tightness across the low back, and pain with rotation of the cervical spine. The patient had diagnoses including lumbar degenerative disc disease, lumbar radiculopathy in the right L5 and right S1 distributions, cervical degenerative disc disease and cervical radiculopathy, myospasm and myofascial trigger points, right knee pain with internal derangement, status post carpal tunnel surgery, left wrist, chronic pain secondary to trauma and depression secondary to chronic pain. The physician's treatment plan included a request for flurbiprofen 20%/lidocaine 5%/menthol 5%/camphor 1% compound topical cream and tramadol 15%/lidocaine 5%/ dextromethorphan 10%/capsaicin 0.025% compounded topical cream. The topical compounded creams were recommended on 01/09/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/ Lidocaine 5%/ Menthol 5%/ Camphor 1% compound topical cream:
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: Within the provided documentation it was noted the patient had pain in the lumbar spine, cervical spine, as well as the right knee. It was noted the patient had very good benefit from the compounded cream she had been using within the 01/18/2013 clinical note. It did not appear the patient had a diagnosis of osteoarthritis or tendonitis in particular, that of the knee, elbow, or other joint that was amenable to topical treatment. The guidelines note topical lidocaine in the formulation of dermal patch has been designated for orphan status and no other commercially-approved formulations of lidocaine whether creams, lotions, or gels, are indicated. The guidelines note any compounded product that contains at least 1 drug or drug class that is not recommended, are not recommended. Therefore, Flurbiprofen 20%/ Lidocaine 5%/ Menthol 5%/ Camphor 1% compound topical cream would not be medically necessary or appropriate

Tramadol 15%/ Lidocaine 5%/ Dextromethorphen 10%/ Capsaicin 0.025% compound topical cream: 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 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 recommend the use of Lidocaine for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines state any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The guidelines note topical lidocaine in the formulation of a note topical lidocaine in the formulation of dermal patch has been designated for orphan status and no othercommercially-approved topical formulations of lidocaine whether creams, lotions, or gels, are indicated for neuropathic pain. It did not appear the patient had a diagnosis of osteoarthritis, postherpetic neuralgia, or diabetic neuropathy that would indicate the patient's need for capsaicin. Therefore, Tramadol 15%/ Lidocaine 5%/ Dextromethorphen 10%/ Capsaicin 0.025% compound topical cream would not be medically necessary or appropriate.