

Case Number:	CM13-0067477		
Date Assigned:	01/03/2014	Date of Injury:	02/05/2013
Decision Date:	05/20/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/18/2013

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 Family 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 injured worker's date of injury was 02/05/2013. The patient's treating physician is treating him for the problem of chronic low back pain. The patient's diagnoses include: thoracic or lumbosacral neuritis or radiculitis, unspecified, lumbar strain and thoracic sprain. The patient had epidural injections at L5-S1 on 11/04/'13. On 11/26/13 the patient had an MRI of the thoracic and lumbar spines with flex-ext (flexion and extension). This study revealed normal spinal cord appearance and a wedge compression of L5. There was straightening of the lordotic curvature. The patient also had an MRI of the thoracic spine with flexion-extension. This showed a wedge deformity of T7 and some stenosis of the thoracic spinal canal. The patient's treating physician in his note dated 11/9/13 recorded a normal heel-toe walk, a positive Levine's sign, a positive Nachla test and limited extension, lateral flexion, and rightward rotation. The patient's treating physician has requested three different compounded, topical medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUNDED MEDICATION: CAPSAICIN 0.025%, FLURBIPROFEN 15%, TRAMADOL 15%, MENTHOL 2%, CAMPHOR 2%, 240GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: The use of topical analgesics cannot be recommended at this time as their use is considered experimental. There are no randomized clinical trials that show a benefit for chronic back pain. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). There are no long term studies to recommend topical NSAIDs in the management of chronic back pain. Tramadol is considered to be a mild opioid analgesic. There are no studies that show effectiveness when tramadol is used topically for chronic back pain. The request for Compounded medication: Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2%, 240GM is not medically necessary.

COMPOUNDED MEDICATION: FLURBIPROFEN 25%, CYCLOBENZAPRINE 02%, 240GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: The use of topical analgesics cannot be recommended at this time as their use is considered experimental. There are no randomized clinical trials that show a benefit for chronic back pain. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Cyclobenzaprine is a muscle relaxer. There are no clinical studies to recommend topical muscle relaxers in the management of chronic back pain. The request for Compounded medication: Flurbiprofen 25%, Cyclobenzaprine 02%, 240GM is not medically necessary.

COMPOUNDED MEDICATION: GABAPENTIN 10%, LIDOCAINE 5%, TRAMADOL 15%, 240GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 11-113.

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

Decision rationale: The use of topical analgesics cannot be recommended at this time as their use is considered experimental. There are no randomized clinical trials that show a benefit for chronic back pain. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Tramadol is a mild opioid analgesic. There are no studies that show effectiveness when tramadol is used topically for chronic back pain. Lidocaine is an anesthetic that when applied topically can be of some benefit for neuropathic pain after there has been a trial of first-line therapy. There was no documentation that first-line

agents were tried and failed. The request for compounded medication Gabapentin 10%, Lidocaine 5%, and Tramadol 15%, 240 gm is not medically necessary.