

Case Number:	CM13-0069020		
Date Assigned:	01/03/2014	Date of Injury:	09/03/2006
Decision Date:	07/15/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/20/2013

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 Occupational 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 47 year old male who reported low back pain after an injury on 09/03/2006. He has been diagnosed with lumbar spondylosis, stenosis, and herniated disk. On 8/1/13 a lumbar fusion was performed. After the surgery, treatment has consisted of medications, prolonged disability, and physical therapy. Per the PR2 dated 10/16/13, there is improvement and no significant new complaints. The injured worker "is not tolerating the oral medications well" [no medications named and no side effects discussed], "especially while trying to work" [work status is "temporarily totally disabled"] "and perform ADLs, so I have written a prescription for topical NSAIDs and Analgesics" [ingredients of topicals and analgesics not mentioned]. On 11/27/13 it is stated that physical therapy was not yet started, although there are multiple physical therapy reports prior to this visit. The treatment plan includes unspecified "NSAIDs, muscle relaxants, and Ultram", and the same statement about the need for topical agents. Work status was "temporarily totally disabled". On 12/2/13 Utilization Review non-certified the topical compounded medications, noting the lack of support in the MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE (DOS 10/16/2013) FLURBIPROFEN POWDER LIDOCAINE POWDER AND MENTHOL CRYSTALS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 86, 93,111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Topical Medications Page(s): 60, 111-113.

Decision rationale: No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. None of the oral or topical medications are identified. The physician reports are not accurate with respect to work status, physical therapy. It is not clear what, if any, side effects are actually present from oral medications, if any. Per the Chronic Pain Medical Treatment Guidelines, page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. The Chronic Pain Medical Treatment Guidelines states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine, only in the form of the Lidoderm patch, is indicated for neuropathic pain (not present in this case). The MTUS states that the only form of topical lidocaine that is recommended is Lidoderm. The topical lidocaine prescribed in this case is not Lidoderm and is not recommended. Topical NSAIDs for short term pain relief may be indicated for pain in the extremities caused by OA or tendonitis. There is no good evidence supporting topical NSAIDs for axial pain. Note that topical flurbiprofen is not FDA approved, and is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. The topical compounded medication prescribed for this injured worker is not medically necessary based on the Chronic Pain Medical Treatment Guidelines, insufficient medical reports, lack of medical evidence, and lack of FDA approval.

RETROSPECTIVE (DOS 10/16/2013) TRAMADOL HCL DEXTROMETHORPHAN, AND CAPSAICIN, AND LIPODERM BASE IS NOT MEDICALLY NECESSARY AND APPROPRIATE.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 86, 93,111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications Page(s): 60, 111-113.

Decision rationale: No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. None of the oral or topical medications are identified. The physician reports are not accurate with respect to work status, physical therapy. It is not clear what, if any, side effects are actually present from oral medications, if any. Per the Chronic Pain Medical Treatment Guidelines page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. The Chronic Pain Medical Treatment Guidelines states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The Chronic Pain Medical Treatment Guidelines states that capsaicin is

only recommended when other treatments have failed. The treating physician did not discuss the failure of other, adequate trials of other treatments. Capsaicin is not medically necessary based on the lack of indications per the Chronic Pain Medical Treatment Guidelines. Neither dextromethorphan nor Tramadol have recognized indications as topical analgesics and are not FDA approved in this formulation. They are not medically necessary as topical analgesics.

RETROSPECTIVE (DOS 10/18/2013) TRAMADOL HCL POWDER, DEXTROMETHORPHAN POWDER, CAPSAICIN POWDER, AND LIPODERM BASE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 86, 93,111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Topical Medications Page(s): 60,111-113.

Decision rationale: No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. None of the oral or topical medications are identified. The physician reports are not accurate with respect to work status, physical therapy. It is not clear what, if any, side effects are actually present from oral medications, if any. Per the Chronic Pain Medical Treatment Guidelines page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. The Chronic Pain Medical Treatment Guidelines states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The Chronic Pain Medical Treatment Guidelines states that capsaicin is only recommended when other treatments have failed. The treating physician did not discuss the failure of other, adequate trials of other treatments. Capsaicin is not medically necessary based on the lack of indications per the Chronic Pain Medical Treatment Guidelines. Neither dextromethorphan nor tramadol have recognized indications as topical analgesics and are not FDA approved in this formulation. They are not medically necessary as topical analgesics.

FLURBIPROFEN POWDER, LIDOCAINE POWDER, MENTHOL CRYSTALS, CAMPHOR CRYSTALS, AND LIPODERM BASE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 86,93,111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain, Topical Medications Page(s): 60,111-113.

Decision rationale: No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. None of the oral or topical medications are identified. The physician reports are not accurate with respect to work status, physical therapy. It is not clear what, if any, side effects are actually present from oral

medications, if any. Per the Chronic Pain Medical Treatment Guidelines page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. The Chronic Pain Medical Treatment Guidelines states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine, only in the form of the Lidoderm patch, is indicated for neuropathic pain (not present in this case). The Chronic Pain Medical Treatment Guidelines states that the only form of topical lidocaine that is recommended is Lidoderm. The topical lidocaine prescribed in this case is not Lidoderm and is not recommended. Topical NSAIDs for short term pain relief may be indicated for pain in the extremities caused by OA or tendonitis. There is no good evidence supporting topical NSAIDs for axial pain. Note that topical flurbiprofen is not FDA approved, and is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. The topical compounded medication prescribed for this injured worker is not medically necessary based on the Chronic Pain Medical Treatment Guidelines, insufficient medical reports, lack of medical evidence, and lack of FDA approval.