MAXIMUS Federal Services

Case Number:	CM14-0000922		
Date Assigned:	01/22/2014	Date of Injury:	10/17/2008
Decision Date:	06/19/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/02/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 patient is a 52-year-old male who has submitted a claim for Lumbar Spinal Stenosis associated with an industrial injury date of October 17, 2008. Medical records from 2013 were reviewed showing that patient complains of low back pain with radiating lower extremity pain, numbness, tingling sensation and weakness. On physical examination there was tenderness with spasm at the Lumbar Spine L1-L5, and decreased sensation at L4, L5, S1 dermatomes. CT scan (Post Discogenic Scan) dated August 22, 2013, revealed extensive annular fissuring L2-L3 through L5-S1, spondylosis with disc narrowing, moderate to severe foraminal narrowing (R L4-L5, L L5-S1). The treatment to date has included physical therapy, transforaminal epidural steroid injection and pain medications. The utilization review from December 19, 2013, denied the request for Flurbiprofen 20%,Tramadol 20% in Mediderm Base 240 grams because the medication falls outside of guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN 20%,TRAMADOL 20% IN MEDIDERM BASE 240 GRAMS: 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 Capsaicin, Topical Salicylates and Topical Analgesics Page(s): 28, 105, 111-113.

Decision rationale: As noted on pages 111-113 in the California MTUS Chronic Pain Medical Treatment Guidelines, there is little to no research as for the use of Flurbiprofen in compounded products. Tramadol is indicated for moderate to severe pain. Medi-Derm is composed of Capsaicin 0.035%, Menthol 5%, and Methyl Salicylate 20%. Regarding the Capsaicin component, California MTUS Chronic Pain Medical Treatment Guidelines on page 28 states that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments. Regarding the Menthol component, California MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain Menthol, Methyl Salicylate, or Capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, California MTUS states on page 105 that salicylate topicals are significantly better than placebo in chronic pain. California MTUS Chronic Pain Medical Treatment Guidelines page 111 states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, there is no documentation regarding the failure of oral medications and necessity for topical preparation or any benefits derived from this medication. In addition, certain components of this compound are not recommended for topical use. Therefore, the request for Flurbiprofen 20%, Tramadol 20% in Mediderm base 240g was not medically necessary.