

Case Number:	CM14-0003142		
Date Assigned:	01/31/2014	Date of Injury:	06/12/2012
Decision Date:	06/30/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/09/2014

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 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:

The patient is a 40 year old female who has submitted a claim for sprain of the lumbar region associated with an industrial injury date of June 12, 2012. Medical records from 2008-2013 were reviewed showing that patient complains of low back pain graded 6-8/10 that worsens with activity. On physical examination, there was paravertebral tenderness and spasm. The patient was positive for straight leg exam. Lumbar spine x-ray only showed degenerative changes. An MRI of the lumbar spine revealed disc bulge at L2-3, L3-4, L4-5. Treatment to date has included pain relievers and muscle relaxants. A utilization review from December 23, 2013 denied both compound medications on the basis that these are not specifically FDA approved and there is no available evidence of their efficacy and safety.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN 25%,DICLOFENAC 10%,: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. **Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,**

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

Decision rationale: As stated on pages 111-113 of the MTUS Chronic Pain Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. The MTUS Chronic Pain Guidelines supports a limited list of NSAID topicals which does not include Flurbiprofen. According to the ODG, topical diclofenac is recommended as an option for patient at risk of adverse effects from oral NSAIDs. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no discussion in the documentation concerning the need for use of unsupported topical analgesics. Furthermore, there is no documentation regarding failure of treatment or intolerance to NSAIDs. Therefore, the request is not medically necessary.

CAPSAICIN .0375%, MENTHOL 10%, CAMPHOR 2.5 %, TRAMADOL 20 %: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates

Decision rationale: The MTUS Chronic Pain Guidelines page 111 states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the capsaicin component, the MTUS Chronic Pain Guidelines states there is no current indication that an increase over a 0.025% formulation would provide any further efficacy. Guidelines state that capsaicin in a 0.0375% formulation is not recommended for topical applications. Regarding the Menthol component, the MTUS Chronic Pain Guidelines 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. There is no specific discussion regarding topical tramadol and camphor. The patient has been on this medication since 2013. There is no evidence to support the use of this compounded topical medication as it contains drug classes that are not recommended. Therefore, the request is not medically necessary and appropriate.