

Case Number:	CM14-0007250		
Date Assigned:	02/12/2014	Date of Injury:	07/16/2012
Decision Date:	07/25/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/20/2014

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 29-year-old who has submitted a claim for lumbar spine sprain/strain associated with an industrial injury date of July 16, 2012. Medical records from July 24, 2013 to January 15, 2014 were reviewed and showed that patient complained of persistent low back pain graded 4/10 which was aggravated with prolonged sitting and bending. Physical examination revealed. Decreased ROM (range of motion) and pain at the sacroiliac joint was noted with lumbar flexion. Pain was also noted at terminal range in all planes of lumbar ROM. MMT was 5/5 for bilateral lower extremities except right knee extension (graded 4/5). MRI of the lumbar spine dated October 29, 2012 revealed minimal bulges of the L4-L5 and L5-S1 disc and L5-S1 disc degeneration. EMG (electromyography)/NCV (nerve conduction velocity) study of the right upper extremity on October 31, 2011 was unremarkable. EMG/NCV study of bilateral lower extremities dated December 27, 2013 revealed normal results. Treatment to date has included physical therapy, chiropractic treatment, acupuncture, compound topical cream, Ultram, Anaprox, Protonix, and Flexeril. Utilization review, dated January 14, 2014, denied the request for authorization of prescription of CMPD Flurbiprofen/ Capsaicin/ Menthol 10%3%5% 120 grams because the compounded drug contains at least one drug that is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Capsaicin/Menthol 10%3%5% 120gm: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylate.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Topical NSAIDs (non-steroidal anti-inflammatory drugs) formulation is only supported for diclofenac in the Chronic Pain Medical Treatment Guidelines. Flurbiprofen is not recommended as a topical NSAID. Regarding the Menthol and Capsaicin component, the Chronic Pain Medical Treatment 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, camphor, or capsaicin, may in rare instances cause serious burns. In this case, patient has been on this medication since November 14, 2013. There was no discussion regarding the need to shift from oral to topical analgesia. Moreover, the noted compound medication is not recommended. Therefore, the request for Flurbiprofen/ Capsaicin/ Menthol 10%3%5% 120 grams is not medically necessary or appropriate.