MAXIMUS Federal Services

Case Number:	CM14-0007639		
Date Assigned:	02/07/2014	Date of Injury:	10/15/2003
Decision Date:	06/23/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/21/2014

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 Medicine, and is licensed to practice in Florida. 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 injured worker is a 70-year-old male who reported an injury on October 15, 2003. The mechanism of injury was not provided in the documentation. Per the progress note dated December 13, 2013, the injured worker reported continued pain in the lumbar spine. The injured worker reported numbness, tingling and radiating pain to both lower extremities. On physical exam, there was minimal flexion and extension demonstrated to the lumbosacral spine with tenderness at palpation with spasms over the paravertebral musculature bilaterally. Motor and reflex testing for the lower extremities was normal; however, there was decreased sensation noted to both feet. Straight leg raise test produced pain in the lumbar spine bilaterally. The diagnosis for the injured worker is lumbar spine spondylosis. The Request for Authorization for medical treatment was dated December 13, 2013. The requested topical compound was in addition to oral medications already provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPICAL COMPOUND FLURBI 25%, MENTH 10%, CAMPH 3%, CAP 0.375% 30GM: 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, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Topical analgesics Page(s): 11-113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants or anti convulsants have failed. The Guidelines note any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Flurbiprofen, is an NSAID (non-steroidal anti-inflammatory drug), the efficacy of NSAIDs in clinical trials for topical treatment modality has been inconsistent and most studies are small and of short duration. Capsaicin is recommended only as an option in patients who have not responded to or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over the 0.025% formulation would provide any further efficacy. There is a lack of objective clinical data to indicate the efficacy of current oral pain medication. There is a lack of documentation as to the dosage, frequency or body location for the requested topical. The request for topical compound Flurbi 25%/Menth 10%/Camph 3%/Cap 0.375% 30gm is not medically necessary or appropriate.