

Case Number:	CM14-0009665		
Date Assigned:	02/14/2014	Date of Injury:	03/20/2012
Decision Date:	06/24/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/24/2014

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 patient is a 62-year-old male who reported an injury on 03/20/2012 due to cleaning a part on a machine. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included acupuncture, chiropractic care, physical therapy, and multiple medications. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated on 01/08/2014. It was documented that the injured worker had complaints of low back pain radiating into the bilateral lower extremities described as 7/10. Physical findings included objective range of motion of the lumbar spine, tenderness to palpation of the paravertebral musculature, and negative straight leg raise test. The injured worker's diagnoses included herniated disc. The injured worker's treatment plan included chiropractic care, acupuncture, topical compounded creams, pain management, orthopedic consult, and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPICAL COMPOUND CREAM

FLURBIPROFEN/CAPSAICIN/MENTHOL/CAMPHOR 120 MG: 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 Topical Analgesics Page(s): 111.

Decision rationale: The requested topical compound cream, flurbiprofen/capsaicin/menthol/camphor 120 mg is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of topical non-steroidal anti-inflammatory drugs for patients who cannot tolerate oral formulations of NSAID drugs. The clinical documentation does not support that the injured worker cannot tolerate oral formulations of the requested medication. Additionally, California Medical Treatment Utilization Schedule does not recommend the use of topical non-steroidal anti-inflammatory drugs for spinal pain. According to the clinical documentation, the injured worker's primary pain generator is the lumbar spine. Therefore, the use of flurbiprofen would not be indicated for this patient. The request includes capsaicin. California Medical Treatment Utilization Schedule does not recommend the use of capsaicin unless there is documentation that the injured worker has failed all other chronic pain management attempts. The clinical documentation submitted for review does not adequately address the injured worker's failure to respond to first-line medications such as anticonvulsants and antidepressants. Therefore, the use of capsaicin in a topical formulation would not be supported. California Medical Treatment Utilization Schedule does not recommend any compounded medication that contains at least one drug or drug class that is not supported by guideline recommendations. As such, the requested topical compound cream flurbiprofen/capsaicin/menthol/camphor 120 mg is not medically necessary or appropriate. Furthermore, the request as it is submitted does not clearly identify the duration of treatment or applicable body part. In the absence of this information, the appropriateness of the request itself cannot be determined.

TOPICAL COMPOUND CREAM KETOPROFEN/CYCLOBENZAPRINE/LIDOCAINE 120 MG: 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 Topical Analgesic, Page(s): 111.

Decision rationale: The requested topical compound cream ketoprofen/cyclobenzaprine/lidocaine 120 mg is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend the use of ketoprofen as it is not FDA approved to treat neuropathic pain in a topical formulation. Additionally, California Medical Treatment Utilization Schedule does not support the use of lidocaine in a cream or gel formulation as it is not FDA approved to treat neuropathic pain in a cream or gel. California Medical Treatment Utilization Schedule also does not support the use of cyclobenzaprine in a topical formulation, as there is little scientific evidence to support efficacy and safety of these types of medications in a topical compound. California Medical Treatment Utilization Schedule does not recommend the use of any compounded medication that contains at least one drug or drug class that is not supported by guideline recommendations. As such, the requested topical

compound cream ketoprofen/cyclobenzaprine/lidocaine 120 mg is not medically necessary or appropriate. Furthermore, the request as it is submitted does not provide a duration or frequency of treatment or an applicable body part. In the absence of this information, the appropriateness of the request itself cannot be determined.