

Case Number:	CM14-0104309		
Date Assigned:	07/30/2014	Date of Injury:	02/10/2003
Decision Date:	09/22/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/07/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Texas and Oklahoma. 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 62-year-old male who reported an injury on 02/10/2003. The mechanism of injury was not provided. On 04/01/2014, the injured worker presented with complaints of lumbar spine pain radiating down the bilateral legs and numbness and tingling. The injured worker stated that meds and compounded creams help pain. Upon examination of the lumbar spine there was a well healed incision and tenderness over the paraspinals with decreased range of motion due to pain. The diagnoses were lumbar discopathy with disc displacement and status post lumbar microdiscectomy and lumbar radiculopathy. Current medications included compound topical creams. The provider recommended Flurbiprofen, Menthol, Camphor, Capsaicin, Ultraderm base cream. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25% 30gm, Menthol 10% 12gm, Camphor 3% 3.6gm, Capsaicin .0375% 05gm, Ultraderm Base 74.35 gm 120gm total: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The request for Flurbiprofen 25% 30gm, Menthol 10% 12gm, Camphor 3% 3.6gm, Capsaicin .0375% 05gm, Ultraderm Base 74.35 gm 120gm total is not medically necessary. The California MTUS states that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesia are primarily recommended for neuropathic pain when trials of antidepressants or anticonvulsants have failed. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The guidelines note that capsaicin is recommended for injured workers who are intolerant to or unresponsive of other medications. Topical NSAIDs are recommended for osteoarthritis and tendonitis in particular that of the knee or elbow or other joints amenable for topical treatment. Many agents are compounded as monotherapy or in combination for pain control including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists or adenosine. There is little to no research to support the use of many of these agents. There is lack of documentation that the injured worker failed a trial of antidepressants or anticonvulsants. Additionally, there is a lack of exceptional factors provided in the documentation submitted to support approving outside the guideline recommendations. The provider's request did not indicate the site that the cream was indicated for or the frequency in the request as submitted. As such, medical necessity has not been established.