

Case Number:	CM14-0010096		
Date Assigned:	02/21/2014	Date of Injury:	01/19/2001
Decision Date:	08/07/2014	UR Denial Date:	01/08/2014
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 Management 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 56-year-old female who has submitted a claim for herniated disk of the lumbar spine associated with an industrial injury date of January 19, 2001. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of right-sided back pain aggravated by prolonged positions and excessive activities. There were numbness and tingling sensations noted on the right lower extremity radiating to the foot. On physical examination of the lumbosacral spine, patient shows 12" lacking from fingertips to the floor. Extension is 20 degrees. Tenderness and spasms were noted. Straight leg raising in the seated position produces pain in lumbar spine bilaterally. Treatment to date has included Voltaren, Hydrocodone, Doral, Flurbiprofen menthol, Capsaicin topical compounded medication, Ambien, Colace, Valium, Norco, Terocin lotion and home exercise program. Utilization review from January 8, 2014 denied the request for Flurbiprofen 25%; Menthol 10%; Camphor 3%; Capsaicin .0375%, 120 Mg Tube Topical Compound Cream because Capsaicin is moderately recommended for treatment of acute or subacute low back pain, or temporary flare-ups of chronic low back pain. Long-term use is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25%; Menthol 10%; Camphor 3%; Capsaicin .0375%, 120 mg tube topical compound cream: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: As stated on pages 111-113 of CA MTUS Chronic Pain Medical Treatment Guidelines, it states that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding Capsaicin, it has a moderate to poor efficacy in patients whose pain has not been controlled successfully with conventional therapy. With regards to Flurbiprofen, its use as topical compound is not recommended. Regarding Menthol component, CA MTUS does not cite specific provisions, but the (ODG) Official Disability Guidelines Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical Over The Counter (OTC) pain relievers that contain may in rare instances cause serious burn. The guidelines do not address camphor. In this case, the reason for the prescription of compound medication is to avoid GI irritation secondary to the use of pain relievers. However, records reviewed did not show any history of Gastrointestinal (GI) irritation. Likewise, the patient has been using the compound medication since September 6, 2013 (10 months to date) with no noted functional improvements or relief of symptoms. Therefore, the request for Flurbiprofen 25%; Menthol 10%; Camphor 3 %; Capsaicin .0375 %, 120 mg tube topical compound cream is not medically necessary.