

Case Number:	CM14-0011176		
Date Assigned:	02/21/2014	Date of Injury:	01/26/2013
Decision Date:	08/01/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/28/2014

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 48-year-old male who has submitted a claim for lumbago, lumbar spondylosis, lumbar herniated disc and lumbar stenosis associated with an industrial injury date of January 26, 2013. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of low back pain radiating to his right lower extremity, buttocks, posterior thigh, calf and toes. Physical examination revealed a well-healed incision. Patient exhibited difficulty walking with some weakness in the lower extremities. There was tenderness over the lumbar spine with limited range of motion due to guarding and pain. Straight leg raise test was positive. Babinski and Crossed Femoral Stretching Tests were negative. Treatment to date has included posterior lumbar microdiscectomy L5-S1 and decompression L4-L5 (11/1/13), physical therapy, steroid injections, and medications, which include Norco 10/325mg, Neurontin 300mg, ibuprofen 800mg, Lyrica 50mg and topical analgesics. Utilization review from January 10, 2014 denied the request for Tramadol/Dextromethorphan/Capsaicin, Flurbiprofen/Lidocaine/Menthol/Camphor (duration unknown and frequency twice daily) because there is no indication that the patient has failed other first line medications or is an outlier to the guidelines. Clinical evidence provided did not establish medical necessity for the request. The request is not supported by California MTUS guidelines for topical compounded analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAMADOL/ DEXTROMETHORPHAN/ CAPSACIAN, FLURBIPROFEN/
LIDOCAINE/ MENTHOL/ CAMPHOR (DURATION UNKNOWN AND FREQUENCY
TWICE DAILY): Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: According to page(s) 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, α -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor antagonists). There is little to no research to support the use of Flurbiprofen in compounded products. Topical formulation of lidocaine and prilocaine (whether creams, lotions, or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Tramadol is indicated for moderate to severe pain, but is likewise not recommended for topical use. Guidelines do not support the use of both opioid medications and gabapentin in a topical formulation. Guidelines provide no evidence-based recommendations regarding the use of topical dextromethorphan. Compounded products have limited published studies concerning its efficacy and safety. Furthermore, the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. In this case, compounded products were prescribed as adjuvant therapy for oral medications however, there was no discussion concerning the need for seven different topical medications. In addition, certain components of this compounded product, such as Tramadol, Flurbiprofen, Lidocaine and Dextromethorphan, are not recommended for topical use. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request also failed to specify the amount to be dispensed. Therefore, the request For Tramadol/ Dextromethorphan/ Capsaicin, Flurbiprofen/ Lidocaine/ Menthol/ Camphor (duration unknown and frequency twice daily) is not medically necessary.