

Case Number:	CM14-0013991		
Date Assigned:	02/26/2014	Date of Injury:	06/17/2009
Decision Date:	06/26/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/04/2014

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 Georgia. 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 claimant is a 45-year-old male presenting with chronic pain following a work-related injury on June 17, 2009. On September 14, 2013 the claimant presented with neck and low back pain. The physical exam revealed pain on lumbar range of motion and diminished perception to pinprick in the right upper and lower extremities. The claimant was treated with activity modification and medication including a compounded medication consisting of 25% 30g, menthol 10% 12g, camphor 3% 3.6g, capsaicin 0.375% 0.06g and Ultraderm 74.35g. The claimant was diagnosed with lumbosacral sprain/strain with disc protrusion at the L3-4 level, cervical strain with disc protrusion at C5-6, mid back pain, osteoporosis of lumbosacral spine, burning sensation in feet and emotional difficulties.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND MEDICATION: FLUBIPROFEN 25% 30GMS; MENTHOL 10% 12GMS; CAMPHOR 3% 3.6GMS; CAPCAISIN .0375% 0.6GMS; ULTRADERM BASE 74.35GMS (DOS 12/4/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS, COMPOUNDED, Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for Compounded Medication: Fluribprofen 25%, 30 grams; Menthol 10% 12 grams; Camphor 3% 3.6 grams; Capcaisin .0375 %; Ultraderm Base 74.35 grams (DOS 12/4/2013) is not medically necessary. According to California MTUS, "topical analgesics are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended". Additionally, the CA MTUS states that topical analgesics such as Flurbiprofen, a non-steroidal anti-inflammatory drug (NSAID) is indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of pain associated with the spine, hip or shoulder; therefore, this requested medication is not medically necessary.