

Case Number:	CM14-0014087		
Date Assigned:	02/26/2014	Date of Injury:	04/11/2009
Decision Date:	06/26/2014	UR Denial Date:	01/23/2014
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 Physical Medicine and Rehabilitation 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 injured worker is a 32-year-old male with a reported injury date of 04/11/2009; the mechanism of injury was not provided. The injured worker's diagnoses include low back pain, and sacroilitis. The clinical note dated 05/31/2013 noted that the injured worker complained of sharp pain in his lower back that radiates down to the left lower extremity. Physical examination findings included tenderness over the paravertebral musculature of the lumbar spine, and loss of lumbosacral lordosis. It was also noted that the straight leg test for sciatic nerve involvement was positive. The Request for Authorization Form was for the requested compounded medication, flurbiprofen 20%, and tramadol 20% was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND MEDICATION: 240GR: CAPSAICIN 0.025%, FLURBIPROFEN 30%, METHYL SILYLATE 4%, TRAMADOL 10%, MENTHOL 2% AND CAMPHOR 2%:
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): 111-113.

Decision rationale: The request for compounded medication 240 gm of capsaicin 0.025%, flurbiprofen 30%, methyl silylate 4%, tramadol 10%, menthol 2%, and camphor 2% is non-certified. The California MTUS Guidelines state that topical analgesics may be recommended and that any compounded product that contains at least 1 drug that is not recommended, the entire product is not recommended. The guidelines also state that topical nonsteroidal anti-inflammatory agents may be recommended for osteoarthritis of the knee and elbow. However, there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. The medical necessity for this requested compounded medication has not been established. There is lack of evidence provided that the injured worker has symptomatology that would benefit from the use of this medication. Additionally, the request remains unclear as the clinical note from when this requested compounded medication was requested was not provided. Furthermore, the physician did not provide an appropriate rationale for the request. As such, this request is not medically necessary or appropriate.

FLURBIPROFEN 20% AND , TRAMADOL 20%: 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): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: B LeBon, G Zeppetella, IJ Higginson, (2009) Effectiveness of topical administration of opioids in palliative care: a systematic review. Journal of pain and symptoms, Elsevier.

Decision rationale: The request for flurbiprofen 20% and tramadol 20% is non-certified. The California MTUS Guidelines state that topical nonsteroidal anti-inflammatory agents may be recommended for osteoarthritis of the knee and elbow and there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. There is lack of evidence provided within the documentation that the injured worker has symptomatology that would benefit from the use of this medication. The California MTUS Guidelines do not specifically address opioid analgesics in topical formulations. However, peer reviewed literature states that there is a deficiency of higher quality evidence of the role of topical opioids and most primary studies are required to form practice recommendations. Additionally, the request remains unclear as the clinical note from when the request for flurbiprofen 20% and tramadol 20% was not provided. Furthermore, the physician did not provide an appropriate rationale for the requested medications. As such this request is not medically necessary.