

Case Number:	CM14-0017008		
Date Assigned:	03/07/2014	Date of Injury:	04/26/2013
Decision Date:	07/11/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/10/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Internal Medicine, and is licensed to practice in New York. 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 Physician 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:

This is a 50-year-old female who sustained an injury on 04/26/2013 while she was helping a patient in the shower and she fell on her bottom and felt a pop on her right lower back. A progress report dated 11/19/2013 indicates the patient presented with lower back pain, 10/10, sharp, burning, stabbing, and pressure in rectal with radiating down to bilateral legs. Objectively, lumbar spine active range of motion (AROM) decreased, positive tenderness to palpation midline over L4-S1, positive SLR bilaterally, and strength 5/5. Diagnosis was chronic lumbago and thoracolumbar cystic lesion of conus medullaris by MRI. A progress report dated 01/07/2014 was handwritten and indicates subjective complaints of lumbar spine pain 8-9/10, sharp, and pressure feels, worse with ADLs. Objectively, there was tenderness to palpation over L3-S1. The treating provider has requested Capsaicin 25%, Fluribrofen 15%, Tramadol 15%, Menthol 2%, Camphor 2%, Flurbiprofen 25%, Cyclobenzaprine QTY 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAPSAICIN 25%, FLURIBROFEN 15%, TRAMADOL 15%, MENTHOL 2%, CAMPHOR 2%, FLURBIPROFEN 25%, CYCLOBENZAPRINE QTY 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION TOPICAL ANALGESICS Page(s): 111-113. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN CHAPTER: COMPOUNDED TOPICAL ANALGESICS.

Decision rationale: According to the California MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, this injured worker has chronic lower back pain radiating to legs. The prior treatment history is unclear after reviewing the medical records. There is no documentation that this injured worker was tried and failed first-line medications including antidepressants and anticonvulsants. Also, cyclobenzaprine is a muscle relaxant and guidelines indicate that there is no evidence for use of muscle relaxants as a topical product. Further, guidelines indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is not FDA approved in a topical formulation. Medical necessity for the requested item has not been established. The requested item is not medically necessary.