

Case Number:	CM14-0118457		
Date Assigned:	08/06/2014	Date of Injury:	03/06/2012
Decision Date:	09/10/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/28/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 38-year-old male who reported an injury on 03/06/2012. The diagnosis included displacement of lumbar intervertebral disc. The mechanism of injury was the injured worker was working on a mannequin in a squatting position when he was struck by the front wheels of a forklift and he was thrown back on the ground and fell on his buttocks. The injured worker's medication history included topical NSAIDs as of late 2013. The injured worker was noted to be undergoing urine drug screens. The injured worker underwent an MRI of the lumbar spine. The documentation indicated the injured worker was prescribed flurbiprofen topical and capsaicin topical as of 01/17/2014. The injured worker underwent an EMG/NCV of the bilateral lower extremities. The surgical history was not provided. The documentation of 03/20/2014 revealed the injured worker had complaints of burning radicular low back pain and muscle spasms. The injured worker indicated that the symptoms persisted, but medications offered temporary relief and improved his ability for sleeping. The injured worker was noted to have no problems with medications. The physical examination revealed pain with heel walking. The injured worker was able to squat 7%. The injured worker had tenderness to the gluteus maximus, PSIS, spinous processes L2-5, and had bilateral lumbar paraspinal muscle guarding with decreased range of motion. The sensation was intact bilaterally. There was decreased motor strength in the right lower extremity. The diagnosis included lumbar disc displacement, low back pain, and lumbar region radiculopathy. The treatment plan included topical medications. There was a DWC form RFA submitted for the requested medications for a date of 03/20/2014. However, there was no form submitted for 04/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review of Capsaicin 0.25%/Menthol 2%/Camphor 2%/Tramadol 15%/Flurbiprofen 15%, 240 grams DOS 04/14/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen, page 72, Topical analgesics page 111, Topical Capsaicin, page 28, Salicylates topicals page 105, Tramadol page 82, page 78 Page(s): 72; 111; 28; 105; 82; 78. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA.gov.

Decision rationale: The California MTUS guidelines indicate that 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... Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended... Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Flurbiprofen is classified as a non-steroidal anti-inflammatory agent. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration... Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments.... The guidelines recommend Topical Salicylates. Methyl Salicylate 2% and camphor 2% are two of the ingredients of this compound. A thorough search of FDA.gov, did not indicate there was a formulation of topical Tramadol that had been FDA approved. The approved form of Tramadol is for oral consumption, which is not recommended as a first line therapy and as such, this would fall under the necessity to document an objective decrease in pain, objective improvement in function and documentation the injured worker was being monitored for aberrant drug behavior and side effects. There was documentation the injured worker was being monitored for aberrant drug behavior through urine drug screens. The clinical documentation submitted for review failed to provide a trial and failure of antidepressants and anticonvulsants. The clinical documentation submitted for review indicated the injured worker had utilized topical medications since at least 01/2014. There was a lack of documentation indicating a necessity for 2 medications with topical tramadol included. There was a lack of documentation indicating exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Retrospective review of Capsaicin 0.25%/Menthol 2%/Camphor 2%/Tramadol 15%/Flurbiprofen 15%, 240 grams DOS 04/14/14 is not medically necessary.

Retrospective review of Diclofenac 25% and Tramadol 15% cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Topical NSAIDS, page 111, Diclofenac, page 112, Tramadol page 82, page 78 Page(s): 111; 112; 82; 78. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA.gov.

Decision rationale: The California MTUS guidelines indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed... Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines indicate that topical NSAIDS are recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDS for treatment of osteoarthritis of the spine, hip or shoulder. A thorough search of FDA.gov, did not indicate there was a formulation of topical Tramadol that had been FDA approved. The approved form of Tramadol is for oral consumption, which is not recommended as a first line therapy and as such, this would fall under the necessity to document an objective decrease in pain, objective improvement in function and documentation the injured worker was being monitored for aberrant drug behavior and side effects. There was documentation the injured worker was being monitored for aberrant drug behavior through urine drug screens. The clinical documentation submitted for review failed to provide a trial and failure of antidepressants and anticonvulsants. The clinical documentation submitted for review indicated the injured worker had utilized topical medications since at least 01/2014. There was a lack of documentation indicating a necessity for 2 medications with topical tramadol included. There was a lack of documentation indicating exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Retrospective review of Diclofenac 25% and Tramadol 15% cream DOS 4/14/14 is not medically necessary.