

Case Number:	CM14-0119855		
Date Assigned:	08/06/2014	Date of Injury:	10/12/2010
Decision Date:	09/11/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	07/30/2014

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 injured worker is a 28 year old male presenting with chronic pain following a work related injury on 10/12/10. The injured worker was diagnosed with lumbar degenerative disc disease and lower extremity radiculitis. On 2/8/2014, the injured worker was declared maximum medical improvement. On 06/19/2014, the injured worker complained of intermittent mild, neck pain, frequent moderate low back pain, intermittent moderate left knee pain. The physical exam showed cervical spine tenderness, slightly reduced range of motion, spasm, decreased and painful range of motion and tenderness, Kemp's and straight leg raise test caused pain, left knee with painful ranges of motion and tenderness. On that day, the claimant was diagnosed with cervical disc protrusion, cervical myospasm, lumbar disc protrusion, lumbar myospasm and left knee pain. The injured worker has been on numerous classes of medications such as opioids, NSAIDs, acetaminophen, sleep aids and muscle relaxants without substantial benefit in terms of analgesia or objective overall function. The injured worker has also tried and failed, modified activity, work/activity restrictions, injections (including Epidural Steroid Injections and Facet Injections), Physical Therapy, Neurostimulation, Lumbar Corset and Acupuncture. A claim was made for various compounding creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Container of (Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, and Camphor 2%) 210gm: Upheld

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

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

Decision rationale: Container of (Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, and Camphor 2%) 210gm is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 guidelines, it does not cover "topical analgesics that 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, Per CA MTUS page 111, states that topical analgesics such as Lidocaine are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or anti-epilepsy drugs [AED]). Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. Flurbiprofen is a topical (NSAID) non-steroidal anti-inflammatory drug. MTUS guidelines indicate this medication 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 the compounded topical cream is not medically necessary.

Container of (Cyclobenzaprine 2%, Tramadol 10%, and Flurbiprofen 20%) 210gm:
Upheld

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

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

Decision rationale: Container of (Cyclobenzaprine 2%, Tramadol 10%, and Flurbiprofen 20%) 210gm is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 guidelines it does not cover "topical analgesics that 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, Per CA MTUS, page 111, it states that topical analgesics such as Tramadol are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED). Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis; therefore, the compounded topical cream is not medically necessary.