

Case Number:	CM14-0131072		
Date Assigned:	09/19/2014	Date of Injury:	12/17/2009
Decision Date:	12/12/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/15/2014

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 Family Medicine 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 53-year-old female who reported an injury on 12/17/2009. The mechanism of injury was not provided. Her diagnoses were noted to include cervical spine disc protrusions, radiculopathy, right elbow lateral epicondylitis, mild bilateral carpal tunnel syndrome, lumbar spine disc protrusions, lumbar radiculopathy, degenerative disc disease of the lumbar spine, lumbar stenosis, status post lumbar spine fusion, right knee pain/superior patellar spurring, left knee pain, right ankle pain, left foot spurring of the plantar aspect of the foot, status post right carpal tunnel release surgery, and depression. Her past treatments were noted to include medication, physical therapy, and aqua therapy. She is status post lumbar spine fusion and right carpal tunnel release surgery. During the assessment on 08/05/2014, the injured worker complained of pain on the bottom of both feet at the heel. She described the pain as burning with walking and standing. She also complained of pain on the outside of both ankles with walking and standing. The patient stated that her right leg to the foot was numb and she gets cramps in her big toe every day. The neurological examination revealed sensation within normal limits. Her range of motion in the metatarsophalangeal joints was within normal limits bilaterally. Her medication was noted to include Bupropion, Naproxen, Hydrocodone, Pantoprazole, Losartan, Prempro, Lovastatin, and Atorvastatin. The treatment plan was not provided. The rationale for the requests, including Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20% 180 mg and Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2% 180 mg, was not provided. The Request for Authorization form was also not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20% 180mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain 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 cyclobenzaprine 2%, tramadol 10%, flurbiprofen 20% 180 mg is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The requested compound contains cyclobenzaprine, tramadol, and flurbiprofen. Topical muscle relaxants are not recommended by the guidelines as there is no evidence to support the use. In regard to flurbiprofen, the guidelines state that there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. The guidelines state that topical NSAIDs may be useful for osteoarthritis and tendinitis, in particular, that of the knee and elbow and other joints that are amenable to topical treatment for short term use "4 to 12 weeks." The use of topical NSAIDs is not recommended for neuropathic pain as there is no evidence to support use. The injured worker was noted to have neuropathic pain. However, there was a lack of adequate documentation regarding failure of antidepressants and anticonvulsants. There was no documentation indicating the injured worker had osteoarthritis to a joint amenable to topical treatment to justify the need for a topical NSAID. There was also no rationale indicating why the injured worker would require a topical cream versus oral medication. Additionally, the application site for the proposed medication was also not provided. Moreover, as the compound contains 1 or more drugs that are not recommended by the guidelines at this time, the compound is also not supported. Furthermore, the request, as submitted, failed to indicate a frequency of use. Given the above, the request is not medically necessary.

Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2% 180mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain 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 capsaicin 0.025%, flurbiprofen 20%, tramadol 15%, menthol 25, camphor 2% 180 mg is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state any compounded

product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The requested compound cream contains capsaicin, flurbiprofen, tramadol, menthol, and camphor. In regard to capsaicin, the guidelines state that topical capsaicin is only supported for patients who are intolerant of or have not responded to other treatments. The submitted documentation failed to include sufficient evidence of the failure of first line treatments to warrant the use of topical capsaicin. In regard to flurbiprofen, the guidelines state that there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. The use of topical NSAIDs is not recommended for neuropathic pain as there was no evidence to support use. The injured worker was noted to have neuropathic pain. However, there was a lack of adequate documentation regarding failure of antidepressants and anticonvulsants. There was also no rationale indicating why the injured worker would require a topical cream versus oral medication. Additionally, the application site for the proposed medication was also not provided. Moreover, as the compound contains 1 or more drugs that are not recommended by the guidelines at this time, the compound is also not supported. Furthermore, the request, as submitted, failed to indicate a frequency of use. Given the above, the request is not medically necessary.