

Case Number:	CM14-0150057		
Date Assigned:	09/19/2014	Date of Injury:	11/19/2012
Decision Date:	10/23/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/15/2014

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 : Occupational 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 patient is a 46-year-old female, who has submitted a claim for lumbar disc degeneration at L5-S1; lumbar disc displacement at L5-S1; Acute Schmorl's node, L5; low back pain; radiculopathy, lumbar region; right knee, lateral meniscal tear; right patella chondromalacia associated with an industrial injury date of January 19, 2012. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of continued sharp, stabbing low back pain and muscle spasms, associated with numbness and tingling of the bilateral lower extremities. Examination of the lumbar spine showed tenderness at the bilateral PSIS. There is right-sided lumbar paraspinal muscle guarding. Spinous processes of L2-L5 are tender. Right knee exam revealed tenderness over the medial joint line and lateral joint line and at the patellofemoral joint. Mc Murray's, Apley's Compression, Lachman's and Patella Grinding Test were positive. An MRI of the lumbar spine done on March 18, 2014 showed mild intervertebral disc desiccation at L5-S1, mild intervertebral disc space narrowing at L5-S1, acute schmorl's node inferior endplate of L5 with surrounding bone marrow edema. There was concentric posterior annular bulge at the level of L4-L5. Focal left paracentral focal disc protrusion at L5-S1. MRI of the lumbar spine done on August 30, 2013 showed straightening of the lumbar lordotic curvature, which may reflect an element of myospasm. Disc desiccation at L5-S1 with loss its disc height. L5-S1: focal disc herniation which causes stenosis of the spinal canal. Disc measurement: NEUTRAL: 4.0mm. MRI of the right knee done on May 2, 2013 showed bucket-handle tear of the body of the lateral meniscus, chondromalacia patella, tibiofemoral joint effusion, tricompartmental osteoarthritis. Treatment to date has included deprizine, dicopanol, fanatrex, synapryn, tabradol, cyclophene, ketoprofen cream, capsaicin (since 2013), aquatic therapy, shockwave therapy, physical therapy and acupuncture. Utilization review from August 28, 2014 denied the request for retrospective request for 210gm Capsaicin 0.025%, Flurbiprofen

20%, Tramadol 15%, Menthol 2%, Camphor 2% on 7/24/14 and retrospective request for 210gm Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20% on 7/24/14 because there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug that is not recommended is not certifiable. The provided did not describe each of the agents and how they would be useful.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 210gm Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2% on 7/24/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

Decision rationale: As stated on pages 111-113 of CA MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the patient was given this topical analgesic for the back pain. With regards to Capsaicin, it is used in medicated creams and lotions to relieve muscle or joint pains however; CA MTUS does not recommend its use. With regards to Flurbiprofen, it is an NSAID used to treat pain or inflammation. However, its topical use is not recommended by CA MTUS. Tramadol is an opioid used effectively in treating neuropathic pain however; CA MTUS do not recommend it as a topical agent. With regards to menthol, it used as a topical antitussive. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Moreover, the compounded cream contains flurbiprofen and tramadol, which are not recommended for topical use. Therefore, the request for retrospective request for 210gm Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2% on 7/24/14 is not medically necessary.

Retrospective request for 210gm Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20% on 7/24/14: 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: As stated on pages 111-113 of CA MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the patient was given this topical analgesic to address the back pain. With regards to Flurbiprofen, it is an NSAID used to treat pain or inflammation however, its topical use is not recommended by CA MTUS. Tramadol is an opioid used effectively in treating neuropathic pain however; CA MTUS do not recommend it as a topical agent. With regards to cyclobenzaprine, CA MTUS Chronic Pain Medical Treatment Guidelines do not support muscle relaxants or ketoprofen for topical applications. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Moreover, the compounded cream contains cyclobenzaprine, tramadol, and flurbiprofen, which are not recommended for topical use. Therefore, the request for retrospective request for 210gm Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20% on 7/24/14 is not medically necessary.