

Case Number:	CM14-0154683		
Date Assigned:	09/24/2014	Date of Injury:	02/11/2012
Decision Date:	12/15/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/22/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient is a 65 year old male with an injury date of 2/11/12. Work status as of 8/19/14: "TTD 1 month." Based on the 8/19/14 progress report by [REDACTED], this patient complains of "low back pain 5/10 w/sitting, aggravated by movement" and "left foot toe amputation 8/10 w/walking, no movement 5/10" with "pain @ site of prior left #1 digit (great toe)." Exam of "L/S-MRI-L3-4 disc 2mm protrusion, L4-5 1.5mm disc protrusion, L5-S1 1.5 disc protrusion, EMG-right L5 and left L4-5-lumbosacral radiculopathy, left foot-wound s/p amputation #1 digit healed well, #2 digit unable to extend, (+) tenderness to light touch." Diagnoses for this patient are: lumbar disc protrusion; lumbar radiculitis; phantom limb pain, R/O RPS. The utilization review being challenged is dated 10/01/14 and denied as "topical medications are considered largely experimental and on the basis of that the request is not supported." The request is for compound: Flurbiprofen, Capsaicin, Camphor 10/0.025%/2%/1% (120 gm). The requesting provider is [REDACTED] and he has provided various reports from 3/07/14 to 8/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Flurbiprofen, Capsaicin, Camphor 10/0.025%/2%/1% (120gm): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical MTUS has the following regarding topical creams Page(s): 29, 111.

Decision rationale: This patient presents with "pain at site of prior left #1 digit (great toe)" with "tenderness to light touch." The treater requests COMPOUND: FLURBIPROFEN, CAPSAICIN, CAMPHOR 10/0.025%/2%/1% (120 GM). MTUS states "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS recommends capsaicin only as an option "in patients who have not responded or are intolerant to other treatments" and is indicated for all chronic pain, all body parts. Topical NSAIDs (such as Flurbiprofen) are only indicated for peripheral joint arthritis/tendinitis. Per 3/19/14, this patient has "phantom pain" where his left big toe was amputated" and has "obvious allodynia in his left foot." This patient has "failed response to conservative treatment, so an authorization for a left lumbar sympathetic block was requested." For localized relief, the patient was "prescribed TGIce and FluriFlex that he can apply over the painful area." The 7/10/14 notes indicate this patient "has been taking Gabapentin that was prescribed and gave him good pain relief as well as transdermal compounds, TGIce and FluriFlex, that also gave him good relief, but he ran out of medications." Given the amputation of the left big toe (causing "phantom pain" and "obvious allodynia") and likely some peripheral pain along with psychogenic sequelae, use of the compound cream may be indicated. However, given the absence of documentation of specific "failed conservative treatments" as indicated for the only option of topical capsaicin and inadequate documentation of pain reduction and functional improvement, beyond the patient's report of "good relief," recommendation is for denial.