

Case Number:	CM14-0155283		
Date Assigned:	09/25/2014	Date of Injury:	01/19/2001
Decision Date:	11/20/2014	UR Denial Date:	09/05/2014
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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 56-year-old female who reported an injury on 01/19/2001. The mechanism of injury was not submitted for clinical review. The diagnoses included herniated disc of the lumbar spine. The previous treatments included medication, a home exercise program, and an H wave unit. Within the clinical note dated 08/18/2014, it was reported the injured worker complained of constant pain in the lower back. The injured worker also reported numbness and tingling in the right lower extremity. She reported radiating pain extending to the right lower extremity. She rated her pain 7/10 in severity of the lumbar spine. Upon the physical examination, the provider noted the range of motion was extension at 20 degrees. There was tenderness and spasms noted. The injured worker had a positive straight leg raise in the seated position bilaterally. The provider requested flurbiprofen, menthol, camphor, capsaicin, flurbiprofen, menthol, capsaicin cream. However, a rationale was not submitted for clinical review. The request for authorization was submitted and dated on 08/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25% 30GM Menthol 10% 12 GM Camphor 3% 3.6 GM Capsacin 0.375 .05 GM 30 GM Flurbiprofen 25% 30 GM Menthol 10% 12 GM Camphor 3% 3.6 GM Capsacin 0.375 GM 120 GM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain: Medication-compound drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 72, 111-112.

Decision rationale: The request for flurbiprofen 25%, 30 gm of menthol 10%, 12 gm camphor 3%, 3.6 gm capsaicin 0.375 gm, 30 gm flurbiprofen 25%, 30 gm menthol 10%, 12 gm camphor 3%, 3.6 gm capsaicin 0.375 gm, 120 gm, is not medically necessary. The California MTUS Guidelines note topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular of that of the knee and/or elbow, and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. Flurbiprofen is recommended for osteoarthritis of mild to moderate pain. Capsaicin is only recommended as an option in patients who do not respond or are intolerant to other treatments. There is no indication that an increase over 0.025% formulation will provide any further efficacy. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the ingredients in the request submitted include capsaicin, which exceeds the guideline recommendations of a 0.025% formulation. The request submitted failed to provide a treatment site. Therefore, the request for Flurbiprofen 25% 30GM Menthol 10% 12 GM Camphor 3% 3.6 GM Capsacin 0.375 .05 GM 30 GM Flurbiprofen 25% 30 GM Menthol 10% 12 GM Camphor 3% 3.6 GM Capsacin 0.375 GM 120 GM is not medically necessary.