

Case Number:	CM14-0155952		
Date Assigned:	09/25/2014	Date of Injury:	08/25/2003
Decision Date:	10/27/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/23/2014

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 claimant was injured on 08/25/03. His compound topical medications are under review. On 01/21/14, he was started on Motrin and his compound rub was changed to cortisone. On 02/05/14, a drug screen revealed the presence of hydrocodone and hydromorphone. He underwent some epidural steroid injections in early 2014. On 02/27/14, acetaminophen was noted in the urine drug screen. On 03/18/14, there is a progress report. He was taking Vicodin, Neurontin, and was using several topical rubs with some relief of pain. He had an antalgic gait with limited range of motion of the lumbar spine and severe tenderness over the facet joints and sacroiliac joints. He had a positive straight leg raise test and diminished sensation. His medications were refilled. He had been using the same medications in the past. On 04/15/14, compound topical medications were prescribed. A urine toxicology report dated 04/23/14 indicates the presence of acetaminophen and alcohol. He also had tramadol in his system. On 06/13/14, he underwent a complex QME. He reportedly injured his low back and later on reported a right knee problem. He had surgery on his knee prior to his back. He was prescribed medications and physical therapy and also had acupuncture and chiropractic but nothing worked. He underwent fusion and later a second surgery on his low back on 09/30/08. He had previously received an impairment rating. He had ongoing pain and a gait disturbance. He also had plantar fasciitis. He was given future medical that included analgesic and anti-inflammatory medication for aggravation of pain. He had an extensive psychiatric evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Fluribiprofen Pow, Capsaicin Pow, Menthol CRY, Camphor CRY Synet, PCCA Lipoderm cream base Quantity: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Page(s): 143.

Decision rationale: The history and documentation do not objectively support the request for the compound: Fluribiprofen Pow, Capsaicin Pow, Menthol CRY, Camphor CRY Synet, PCCA Lipoderm cream base Quantity: 1.00. The MTUS p. 143 state "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004)." There is no evidence of failure of all other first line drugs. The claimant was also using other medications, including acetaminophen, ibuprofen, and opioids with no documentation of intolerance or lack of effectiveness. The MTUS allow the use of topical capsaicin only in cases of intolerance to all other first line medications. The medical necessity of this request for the topical compound pain medication Fluribiprofen Pow, Capsaicin Pow, Menthol CRY, Camphor CRY Synet, PCCA Lipoderm cream base Quantity: 1.00 has not been clearly demonstrated. Therefore the request is not medically necessary.

Compound: Ketoprofen Pow. Cyclobenzaprine POW HCL. PCCA Lipoderm cream base Quantity: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Page(s): 143.

Decision rationale: The history and documentation do not objectively support the request for the Compound: Ketoprofen Pow. Cyclobenzaprine POW HCL. PCCA Lipoderm cream base Quantity: 1.00. The MTUS p. 143 state "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004)." There is no evidence of failure of all other first line drugs. The claimant was also using other medications, including acetaminophen, ibuprofen, and opioids with no documentation of intolerance or lack of effectiveness. The MTUS do not support the use of topical cyclobenzaprine. The medical necessity of this request for the topical compound pain medication Compound: Ketoprofen Pow. Cyclobenzaprine POW HCL. PCCA Lipoderm cream base Quantity: 1.00 has not been demonstrated. The request is not medically necessary.

