

Case Number:	CM14-0166891		
Date Assigned:	10/14/2014	Date of Injury:	01/23/2009
Decision Date:	11/26/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/09/2014

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 Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 has a history of a work injury occurring on 01/23/09 when she slipped on a wet pathway. She injured her low back. Treatments included acupuncture and medications. Two MRI scans of the lumbar spine, one done in 2010 and a second in 2012 are referenced as having shown diffuse degenerative changes. She was seen on 03/26/14. She had pain rated at 8-9/10. Physical examination findings included difficulty with transitioning positions. She had decreased right lower extremity strength and sensation and a decreased right ankle reflex. There was lumbar spine tenderness with decreased and painful range of motion. Recommendations included physical therapy with consideration of an epidural injection. Naprosyn 550 mg one time per day and Tramadol 150 mg ER were prescribed. Electromyogram/ nerve conduction study (EMG/NCS) testing was pending. On 05/07/14 EMG/NCS testing showed findings suggestive of bilateral chronic active L5 radiculopathy. On 05/23/14 the EMG/NCS test results were reviewed. Another MRI of the lumbar spine was ordered. This was done on 06/14/14. There was disc bulging and facet arthropathy at L3-4 and L4-5 with mild canal and foraminal stenosis at L4-5. She was seen on 07/28/14. She had completed six physical therapy treatments which had helped a little. Physical examination findings appear unchanged. Topical medication was prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen-Methol-Camphor-Capasicin 30gm (Hours supply), qty: 72.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Capsaicin, Topical Analgesics Page(s): 60, 28, 111-113.

Decision rationale: Compounded topical preparations of Flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as Diclofenac. Menthol is an ingredient in common over-the-counter product used to relieve pain. Studies have shown that the application of topical Menthol is more effective than ice in decreasing pain and allows for greater muscle contraction strength. These medications work by providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. MTUS addresses the use of Capsaicin which is recommended as an option in patients who have not responded or are intolerant to other treatments. It is indicated in patients with conditions that include osteoarthritis, fibromyalgia, and chronic non-specific back pain. However, guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Therefore the requested compounded medication was not medically necessary. However, guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Therefore the requested compounded medication was not medically necessary.

Flurbiprofen-Menthol-Camphor-Capsaicin 120gm (Days supply), qty: 30.00:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Capsaicin, Topical Analgesics Page(s): 60, 28, 111-113.

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for chronic low back pain with imaging showing diffuse degenerative changes. Compounded topical preparations of Flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as Diclofenac. Menthol is an ingredient in common over-the-counter product used to relieve pain. Studies have shown that the application of topical Menthol is more effective than ice in decreasing pain and allows for greater muscle contraction strength. These medications work by providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. MTUS addresses the use of capsaicin which is recommended as an option in patients who have not responded or are intolerant to other treatments. It is indicated in patients with conditions that include osteoarthritis, fibromyalgia, and chronic non-specific back pain. However, guidelines recommend that when prescribing

medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Therefore the requested compounded medication was not medically necessary.