

Case Number:	CM14-0020931		
Date Assigned:	04/30/2014	Date of Injury:	03/12/2013
Decision Date:	07/08/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/19/2014

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 has submitted a claim for low back and bilateral foot pain associated with an industrial injury date of March 12, 2013. Treatment to date has included physical therapy; TENS unit; and medications including topical amitriptyline (since October 2013), topical capsaicin (since July 2013), and topical flurbiprofen (since July 2013). Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of low back and bilateral foot pain. The patient reported that physical therapy and topical medications helped with the pain. On physical examination, there was pain and limitation of range of motion of the lumbar spine. Utilization review from January 23, 2014 denied the request for Amitriptyline 4%, Capsaicin 0.0375%, and Flurbiprofen 25% because there were no progress notes presented to suggest the need for such preparations.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMITRIPTYLINE 4: Upheld

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

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

Decision rationale: According to pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are compounded as monotherapy or in combination for pain control, such as opioids and antidepressants; however, there is little to no research to support the use of these many agents. Furthermore, 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. In this case, amitriptyline was being prescribed in a compounded form as amitriptyline 4%/ dextromethorphan 10%/ tramadol 20% based on the progress reports since October 2013 (7 months to date). Guidelines do not support the use of this medication for topical use. Furthermore, the present request does not specify the frequency of use, and amount to be dispensed. Therefore, the request for Amitriptyline 4 is not medically necessary.

CAPSAICIN 0.0375: Upheld

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

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

Decision rationale: According to pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, capsaicin in a 0.0375% formulation is not recommended for topical applications. The guidelines also state that any compounded product that contains at least one drug or drug class that is not recommended is also not recommended. Furthermore, 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. In this case, capsaicin was being prescribed in a compounded form as capsaicin 0.0375%/ menthol 10%/ camphor 2.5%/ tramadol 20% based on the progress reports since July 2013 (10 months to date). Guidelines do not support the use of this topical medication. Furthermore, the present request does not specify the frequency of use, and amount to be dispensed. Therefore, the request for capsaicin 0.0375% is not medically necessary.

FLURBIPROFEN 25: Upheld

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

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

Decision rationale: According to pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are compounded as monotherapy or in combination for pain control, such as NSAIDs; however, there is little to no research to support the use of these many agents. Furthermore, 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. In this case, flurbiprofen was being prescribed in a compounded form as flurbiprofen 25%/ diclofenac 10% based on the progress reports since July 2013 (10 months to date). Guidelines do not support the use of this topical medication. Furthermore, the present request does not specify the frequency of use, and amount to be dispensed. Therefore, the request for flurbiprofen 25% is not medically necessary.