

Case Number:	CM14-0022382		
Date Assigned:	02/26/2014	Date of Injury:	10/17/2004
Decision Date:	08/05/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/22/2014

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 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 is a 36-year-old male who has submitted a claim for low back pain, associated with an industrial injury date of October 17, 2004. Medical records from 2013 were reviewed. The latest progress report, dated 11/05/2013, showed persistent and constant low back pain radiating to his right leg. It was associated with numbness and tingling sensation. Physical examination of the lumbar spine revealed tenderness with spasms of the paraspinal muscles. Range of motion was restricted secondary to pain. Sensation was intact to bilateral lower extremities. Sitting root test was positive. The patient was previously diagnosed with Gastroesophageal Reflux Disease. Treatment to date has included physical therapy, chiropractic therapy, epidural injection, and medications. Utilization review from 01/29/2014 denied the prospective request for 1 prescription of topical cream 240gm (Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2%) and 1 prescription of topical cream 240gm (Flurbiprofen 25%, Cyclobenzaprine 2%) because current guidelines did not support the use of both topical medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% 240 gm.:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CAPSAICIN; TOPICAL ANALGESICS Page(s): 28; 111-113. Decision based on Non-MTUS

Citation Official Disability Guidelines (ODG), Pain Section, Topical Salicylates.

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. There is little to no research to support the use of many of these agents. The topical formulation of Tramadol does not show consistent efficacy. Flurbiprofen, a topical Non-Steroid Anti-Inflammatory Drug (NSAID) does not show consistent efficacy. Regarding the Capsaicin component, page 28 of the CA MTUS Chronic Pain Medical Treatment Guidelines states that topical Capsaicin has moderate to poor efficacy but may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter issued an FDA safety warning which identifies rare cases of serious burns that have been reported to occur on the skin where menthol or capsaicin were applied. The guidelines do not address camphor. In this case, the rationale of using a topical cream is to provide targeted pain relief and treatment to assure that the patient functions safely with reduced side effects associated with oral medications. However, guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. The topical cream contains drug components that are not recommended for topical use. Therefore, the request for topical cream (Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2%) 240gm is not medically necessary.

Flurbiprofen 25% Cyclobenzaprine 2% 240gm: Upheld

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

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. There is little to no research to support the use of many of these agents. Flurbiprofen, a topical NSAID does not show consistent efficacy. Regarding the Cyclobenzaprine component, there is no evidence for use of any other muscle relaxant as a topical product. In general, compounded Flurbiprofen and Cyclobenzaprine do not show consistent efficacy and are not FDA approved. In this case, the rationale of using a topical cream is to provide targeted pain relief and treatment to assure that the patient functions safely with reduced side effects associated with oral medications. However, guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. The topical cream contains drug components that are not recommended for topical use. Therefore, the request for 1 prescription of topical cream 240gm (Flurbiprofen 25%, Cyclobenzaprine 2%) is not medically necessary.