

Case Number:	CM14-0030297		
Date Assigned:	03/19/2014	Date of Injury:	02/03/2003
Decision Date:	04/22/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/10/2014

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:

This is a 59 year old female patient with a 2/3/03 date of injury. The patient reported ongoing back, shoulder, and upper extremity pain. 1/24/14 progress note indicated that the patient had ongoing pain with numbness and tingling in both upper extremities and lower extremity. The patient indicated improvement with the use of medications, including a topical agent. Examination revealed limited cervical range of motion and tenderness and spasm over paravertebral and trapezial musculature. There was limited lumbar range of motion and tenderness to palpation. Reflex, sensory, and motor examinations were intact. There is a 2/24/14 adverse determination due to the fact that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. No medical justification was provided as to the rationale for the use of these medications. There was no rationale for the use of compounded products over standard United States Food and Drug Administration approved formulations.

IMR ISSUES, DECISIONS AND RATIONALES

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

THIRTY GM FLURBI 25%-MENTH 10%-CAMP 3%- CAP 0375% 120GM TUBE:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105 111-113 105.

Decision rationale: Regarding the Capsaicin component, California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines identify on page 28 that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. Regarding the Menthol component, California Medical Treatment Utilization Schedule (MTUS) does not cite specific provisions, but the Official Disability Guidelines (ODG) Pain Chapter states that the United States Food and Drug Administration has issued an alert in 2012 indicating that topical over the counter pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. The United States Food and Drug Administration states that Camphor ointment is a topical analgesic. It works by temporarily relieving itching and pain. California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other anti-epilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no rationale for the use of this compounded agent. There is no discussion of the need for a compounded agent as opposed to United States Food and Drug Administration approved formulations. There is no discussion of a reason why topical agents would be needed. The request is not deemed medically necessary.