

Case Number:	CM14-0039799		
Date Assigned:	06/27/2014	Date of Injury:	04/26/2004
Decision Date:	11/04/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/04/2014

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 04/26/04. Two topical compounded medications are under review. He has been diagnosed with L5 discogenic disease and S1 radiculitis. He has been treated with medications, TENS, home exercises, PT, and facet injections. On 02/20/14, he was prescribed naproxen and Tylenol with codeine. He was prescribed the same medications on 11/15/13. He also received Nexium and Capaderm cream. He was working full-time. There is no mention in the records of the medications under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Container of Flurbiprofen 25% and Lidocaine 10% 240 Grams: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

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 1 container of flurbiprofen 25% and lidocaine 10% 240 grams. The CA 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 oral medications with no documentation of intolerance or lack of effectiveness. Topical lidocaine is only recommended by MTUS in the form of Lidoderm patches. The medical necessity of this request for the topical compound pain medication flurbiprofen 25% and lidocaine 10% 240 grams has not been clearly demonstrated. Therefore the request is not medically necessary.

1 Container of Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 15% and Camphor 2% 240: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

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 1 container of capsaicin 0.025%, flurbiprofen 15%, tramadol 15%, menthol 15% and camphor 2% 240. The CA 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).... Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments." There is no evidence of failure of all other first line drugs. The claimant was also using other oral medications with no documentation of intolerance or lack of effectiveness. Topical tramadol is not recommended by MTUS. The medical necessity of this request for 1 container of capsaicin 0.025%, flurbiprofen 15%, tramadol 15%, menthol 15% and camphor 2% 240 has not been clearly demonstrated. Therefore the request is not medically necessary.