MAXIMUS Federal Services

Case Number:	CM14-0040920		
Date Assigned:	06/27/2014	Date of Injury:	04/01/2010
Decision Date:	08/06/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/07/2014

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 applicant has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 1, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; topical compounds; aquatic therapy; unspecified amounts of conventional physical therapy; extracorporeal shock wave therapy; and various interventional spine procedures. In a Utilization Review Report dated March 27, 2014, the claims administrator denied a request for several topical compounded drugs. The applicant's attorney subsequently appealed. In a March 26, 2014 progress note, the applicant was described as having persistent complaints of chronic low back pain, anxiety, depression, and migraine headaches. A variety of oral suspensions and topical compounded drugs were issued while the applicant was placed off of work, on total temporary disability. The applicant's complete medication list was not attached. The prescriptions in question were later endorsed through form letters. In a December 20, 2013 progress note, the applicant was again described as having persistent complaints of low back pain, stress, anxiety, depression, and chronic pain syndrome. The applicant was again placed off of work, on total temporary disability. A variety of topical compounds and oral suspensions were issued.

IMR ISSUES, DECISIONS AND RATIONALES

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

240 grams of Flurbiprofen 25%, Lidocaine 10% cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 28-29, 84, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; MTUS 9792.20f Page(s): 111, 7.

Decision rationale: The proposed flurbiprofen-lidocaine topical compound is not medically necessary, medically appropriate, or indicated here. As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are deemed largely experimental. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines notes that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendation. In this case, the applicant remains off of work, on total temporary disability, despite ongoing usage of various and sundry topical agents. The applicant continues to report heightened complaints of pain, anxiety, and depression at each visit. All of the above, taken together, implies a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of the flurbiprofen-lidocaine compound. Therefore, the request is not medically necessary.

240 grams of Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 28-29, 84, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin; MTUS 9792.20f Page(s): 28.

Decision rationale: The proposed capsaicin-containing topical compound is likewise not medically necessary, medically appropriate, or indicated here. As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, capsaicin, the principal ingredient in the compound, is recommended only as an option in applicants who have not responded to or are intolerant to other treatments. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals. It is further noted that the applicant appears to have used this agent for some time, despite the unfavorable MTUS recommendation. As with the other topical compound, there has been no demonstration of medication efficacy or functional improvement as defined in MTUS 8792.20f which would support continuation of the same. The applicant remains off of work. The applicant continues to have difficulty performing even basic activities of daily living. The applicant reports heightened pain at each visit, despite ongoing usage of the capsaicin-containing compound. All of the above, taken together, implies a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of the same. Therefore, the request is not medically necessary.