

Case Number:	CM14-0041879		
Date Assigned:	06/30/2014	Date of Injury:	07/03/1999
Decision Date:	08/19/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/08/2014

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 Physical Medicine & Rehab 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:

Patient is a 60-year-old female who has submitted a claim for lumbar disc herniation, degenerative disc disease of the lumbar spine, spondylolisthesis and lumbago post-operatively associated with an industrial injury date of 07/03/1999. Medical records from 2013 to 2014 were reviewed. Patient complained of low back pain rated 8-9/10 in severity, aggravated upon bending, pulling, and prolonged standing. Physical examination of the lumbar spine showed restricted motion and tenderness. Straight leg raise test was positive bilaterally. Treatment to date has included lumbar surgery, physical therapy, and medications. Utilization review from 03/13/2014 denied the request for 1 Capsaicin, Baclofen, Ketoprofen, Compounded Ointment apply to lumbar spine for pain as an outpatient because of limited published studies concerning its efficacy and safety. It was unclear why patient cannot take oral medications instead.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Capsaicin, Baclofen, Ketoprofen, Compounded Ointment apply to lumbar spine for pain as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) drugs.com www.online.epocrates.com, www.empr.com-Opioid Dose Calculator, www.agencymeddirectors.wa.gov.

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

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. CA MTUS Chronic Pain Medical Treatment Guidelines identifies on page 28 that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments. Baclofen in a topical formulation is not supported by the guidelines. Ketoprofen is not recommended for topical use, as there is a high incidence of photo contact dermatitis. In this case, a topical compounded product was prescribed to control inflammation, muscle spasm, and pain. However, the guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The compounded product contains ketoprofen and baclofen, which are not recommended in a topical formulation. Therefore, the request for 1 Capsaicin, Baclofen, Ketoprofen, Compounded Ointment apply to lumbar spine for pain as an outpatient is not medically necessary.