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| Case Number: | CM14-0042353 | | |
| Date Assigned: | 06/30/2014 | Date of Injury: | 05/19/2010 |
| Decision Date: | 08/22/2014 | UR Denial Date: | 03/28/2014 |
| 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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 44-year-old female who reported an injury on 05/19/2010 while picking up a box of jeans. The injured worker had a history of lower back pain with a diagnosis of lumbar spine and discopathy, lower extremity radiculitis and psychological disturbance. The MRI dated 10/15/2013 revealed left lateral sclerosis on the lumbar spine, straightening of the lumbar spine; disc desiccation is noted at the L5-S1 and a L4-5 and L5-S1 disc protrusion. The past treatments included physical therapy, acupuncture, chiropractic treatment, and the use of a TENS unit along with a lumbar epidural steroid injection dated 04/2013. The objective findings dated 03/05/2014 of the lumbar spine revealed tenderness to palpation at the bilateral paraspinal, flexion 35 degrees, extension 15 degrees, with a straight leg rise of 70 degrees to the right and 60 degrees on the left. The medications were noted to include oral medication and topical anti-inflammatories with a 7/10 to 8/10 pain to the mid back level using the VAS. The treatment plan included physical therapy 2 times a week times 6 weeks, pain management consult, lumbar facet block injection, and transdermal anti-inflammatory analgesic medications. The rationale for the topical anti-inflammatory and analgesic medication was for pain relief and to restore function. The Request for Authorization dated 06/30/2014 was submitted with file.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Container of Cyclobenzaprine 2% and Flurbiprofen 20% 240 grams: 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 NSAIDS Page(s): 67-68.

Decision rationale: The California MTUS indicate that non-steroidal anti-inflammatory agents have limited demonstrated efficacy in clinical trials and have been inconsistent with most studies being small and of short duration. They have been found in studies to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2 week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. However, again the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Per the clinical notes provided there was mention of oral medications however the name, dosage, or efficacy was not provided. The frequency was not addressed. The last documentation pain level was from 90/18/2013. Per the clinical note from 03/05/2014 the injured worker did not have any of complaints of pain or discomfort noted. As such, the request for 1 Container of Cyclobenzaprine 2% and Flurbiprofen 20% 240 grams is not medically necessary.

1 Container of Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2% and Camphor 2% 240 grams: 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): 111-112.

Decision rationale: Topical analgesics are recommended as an option as indicated below. 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. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The CA MTUS also states capsaicin is

recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations of capsaicin are generally available as a 0.025% formulation and a 0.075% formulation. However, there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The frequency was not addressed. The last documentation pain level was from 9/18/2013. Per the clinical note from 03/05/2014 the injured worker did not have any of complaints of pain or discomfort noted. As such, the request is non-certified. Decision #2, for 1 container of capsaicin 0.025%, flurbiprofen 15%, tramadol 15%, menthol 2%, and camphor 2%, 240 grams is not medically necessary.