

Case Number:	CM14-0042929		
Date Assigned:	06/30/2014	Date of Injury:	05/12/2009
Decision Date:	08/21/2014	UR Denial Date:	03/29/2014
Priority:	Standard	Application Received:	04/09/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 52-year-old male who has submitted a claim for lumbago associated with an industrial injury date of May 12, 2009. Medical records from January 2011 to March 2014 were reviewed. Patient complained of constant low back pain radiating towards the left lower extremity, left knee, both elbows, both wrists/hands associated with numbness and tingling. Patient likewise complained of pain in the left foot. Physical examination revealed tenderness and pain with terminal flexion of both elbows, positive palmar compression test subsequent to Phalen's maneuver at the wrists. Positive Tinel's consistent with carpal tunnel syndrome. Pain and tenderness over the mid to distal lumbar segments were also noted. Treatment to date has included oral anti-inflammatory medications and topical products. Utilization review from March 29, 2014 denied the requests for (1) 1 compound medication: Flurbiprofen/Capsaicin (Patch) 10%, 0.024% CRM #120 w/ 6 refills; (2) 1 compound medication: Gab/Lid/Aloe/Cap/Men/Cam (Patch) 10%, 5%, .025%, 10%, 5% gel #120 w/ 6 refills because compounded products have limited published studies concerning its efficacy or safety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication: Flurbiprofen/Capsaicin(patch)10% 0.024%CRM #120 with 6 refills:
Upheld

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

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

Decision rationale: As noted on pages 111-113 in the CA MTUS Chronic Pain Medical Treatment Guidelines, there is little to no research as for the use of Flurbiprofen in compounded products. Topical formulations of Capsaicin are only recommended as an option in patients who have not responded or are intolerant to other treatments. In this case, compounded products were not prescribed as part of the patient's therapy regimen. Patient has continued self-treatment with compounded products without objective findings of improvement. In addition, the guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is not recommended for topical use. Therefore, the request for 1 compound medication: Flurbiprofen/Capsaicin (Patch) 10%, 0.024% CRM #120 with 6 refills is not medically necessary.

Compound medication: Gab/Lid/Aloe/Cap/Men/Cam(patch 10%, 5% .025% 10% 5% gel #120 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines and Notional Guidelines Clearinghouse.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin and Topical Analgesics Page(s): 28-29; 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates.

Decision rationale: As noted on pages 111-113 in the CA MTUS Chronic Pain Medical Treatment Guidelines, there is little to no research as for the efficacy of this type of compounded product. Topical formulations of Lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Regarding Gabapentin topical cream, there is no credible literature to support its use. 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. Regarding Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC (Over the Counter) pain relievers that contain may in rare instances cause serious burn. The guidelines do not address camphor. In this case, compounded products were not prescribed as part of the patient's therapy regimen. Patient has continued self-treatment with this compounded product. Furthermore, the guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The prescribed compounded product contains Gabapentin, Lidocaine, and menthol that are not recommended for topical use. Therefore, the request for 1 Compound medication: Gab/Lid/Aloe/Cap/Men/Cam(patch 10%, 5% .025% 10% 5% gel #120 with 6 refills is not medically necessary.

