

Case Number:	CM14-0044007		
Date Assigned:	07/02/2014	Date of Injury:	11/10/2010
Decision Date:	08/22/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/10/2014

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:

This is a 62 year-old female patient with a date of injury of 11/10/2010. The mechanism of injury was re-injuring her back by lifting a roll-away bed while at work. The patient had a previous incident in 1995 when she had a slip and fall at work injuring her lower back. Progress notes dated 10/29/2013 state the patient complains of constant low back pain radiating into the legs producing numbness and tingling. The pain worsens with sitting, standing, walking, bending, or stooping. On 12/29/2013 documentation states the patient remains symptomatic. The diagnostic impression is spinal stenosis, lumbar disc protrusion, status post lumbar spine surgery. Treatment to date: Surgery, medication management A UR decision dated 4/4/2014 denied the requests for flurbiprofen 7.5g, capsaicin powder 0.11g, and campocrystal .75g dispensed on 10-29-2013. The rationale for denial is that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. CA MTUS guidelines only recommend them as an option for treatment of neuropathic pain when trials of antidepressants and anticonvulsants have failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 7.5 g: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25,28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other anti-epilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. CA MTUS guidelines state that topical analgesics are still experimental in use with few random controlled trials to determine efficacy or safety. Flurbiprofen is a non-steroidal anti-inflammatory drug used for pain and inflammation. Topical application may only be considered an option for use in neuropathic pain when trials of antidepressants and anticonvulsants have been tried and failed. On a report dated 10/29/2013 the patient is currently taking Motrin (ibuprofen) a non-steroidal anti-inflammatory drug orally. However, there is no specific rationale provided as to why the patient would need an oral and topical non-steroidal anti-inflammatory drug (NSAIDs) concurrently. Therefore, the request for Flurbiprofen 7.5g is not medically necessary.

Capsaicin Powder .011g: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. CA MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of oral antidepressants and anticonvulsants have been tried and failed. Capsaicin is a topical analgesic. There was no documentation of trials and failures of oral first line drugs. Therefore, the request for Capsaicin powder .011 g is not medically necessary.

Campocrystal .75g: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Chronic Pain Medical Treatment Guidelines state that topical analgesics are recommended as an option in only certain circumstances. The use of topical analgesics is mostly experimental and few randomized controlled studies to determine their efficacy or safety have been done. Topical analgesics are primarily recommended for neuropathic pain only when trials of oral antidepressants and anticonvulsants have failed. Campocrystal is a powder being used as a topical analgesic. Therefore, the request for Campocrystal .75g is not medically necessary.