

Case Number:	CM14-0045562		
Date Assigned:	08/06/2014	Date of Injury:	11/02/2011
Decision Date:	12/24/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/02/2014

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 Emergency 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:

Patient with reported date of injury on 11/2/2011. Mechanism of injury is described as a lifting injury. Patient has a reported history of lumbar fusion(no details of surgery provided) on 6/20/12. Patient has a diagnosis of status post lumbar fusion, lumbar herniated disc, lumbar radiculopathy, sexual dysfunction, anxiety disorder and stress.Medical reports reviewed. Last report available until 3/28/14. Several more progress notes, RFAs and URs dated up to 7/31/14 was sent but these were not reviewed since prospective information does not retrospective change criteria used for independent medical review as per MTUS guidelines.Patient complains of low back pain. Pain is 8/10. Claims R foot drop. Objective exam reveals unable to perform heel toe walking, tenderness to lumbar spine and bilateral spinal region. Limited range of motion and positive straight leg raise. Scars are well healed. Decreased sensation to L4, L5 and S1 bilaterally. Strength of L2, L3, L5, L5 and S1 myotomes is 3/5 on R side and 4/5 on L side limited by pain. The checked off box in request for authorization was "manage/reduce pain".No imaging reports or electrodiagnostic reports were provided for review.No medication list was provided. Patient is on a large number of non-FDA approved compounded "medications" which have all been universally denied in multiple URs, so it is not clear if patient is actually taking any of these substances.Patient is reportedly undergoing LINT procedure and has a back brace.Independent Medical Review is for "Flurbiprofen 15%", "Tramadol 15%", "Cyclobenzaprine 2%", "Capsaicin 0.025%", "Menthol 2%" and "Camphor 2%". Review of providers extensive prescription history show that these individual requests are actually all part of a compounded topical product.Prior UR on 4/2/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 15%: Upheld

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

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

Decision rationale: Review of providers extensive prescription history show that these individual requests are actually all part of a compounded topical product. However, the provider did not clearly document how these substance were being compounded or total compounded requested. Therefore these request will be assessed individually and together to determine medical necessity. As per MTUS guidelines "Any compound product that contains a drug or drug class that is no recommended is not recommended." Flurbiprofen: Topical NSAIDs are shown to be superior to placebo. It should not be used long term. It may be useful. Patient appears to be on this medications chronically. While there is subjective report of improvement, provider has not appropriately documented close monitoring for potential side effects of chronic topical NSAID use or appropriate monitoring or pain such a pain scale. Flurbiprofen is not FDA approved for topical application. There is no justification by the provider as to why the patient requires a non-FDA approved compounded NSAID when there are multiple other approved products including over the counter medications on the market. Flurbiprofen is not medically necessary. All other requested substances are also not medically necessary therefore either as an individual product or as a compounded product, this requested topical item is not medically necessary or appropriate.

Tramadol 15%: 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): 111-113.

Decision rationale: Review of providers extensive prescription history show that these individual requests are actually all part of a compounded topical product. However, the provider did not clearly document how these substance were being compounded or total compounded requested. Therefore these request will be assessed individually and together to determine medical necessity. As per MTUS guidelines "Any compound product that contains a drug or drug class that is no recommended is not recommended." Tramadol is an opioid-like substance. It is not FDA approved for topical application. MTUS guidelines do not recommend topical use. It is not medically recommended or appropriate. All other requested substances are also not medically necessary therefore either as an individual product or as a compounded product, this requested topical item is not medically necessary or appropriate.

Cyclobenzaprine 2%: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: Review of providers extensive prescription history show that these individual requests are actually all part of a compounded topical product. However, the provider did not clearly document how these substance were being compounded or total compounded requested. Therefore these request will be assessed individually and together to determine medical necessity. As per MTUS guidelines "Any compound product that contains a drug or drug class that is no recommended is not recommended." Cyclobenzaprine is an oral muscle relaxant. It is not FDA approved for topical application. MTUS guidelines do not recommend topical use. It is not medically recommended or appropriate. All other requested substances are also not medically necessary therefore either as an individual product or as a compounded product, this requested topical item is not medically necessary or appropriate.

Capsaicin 0.025%: Upheld

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

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

Decision rationale: Review of providers extensive prescription history show that these individual requests are actually all part of a compounded topical product. However, the provider did not clearly document how these substance were being compounded or total compounded requested. Therefore these request will be assessed individually and together to determine medical necessity. As per MTUS guidelines "Any compound product that contains a drug or drug class that is no recommended is not recommended." Capsaicin: This request may be an individual request since the provider has requested Terocin patches in the past. Capsaicin has data that shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective. There is no documentation of treatment failure. There is no documentation of patient being on appropriate conservation medications. It is not recommended due to no documentation of prior treatment failure or improvement in pain or function. Capsaicin is not medically necessary. All other requested substances are also not medically necessary therefore either as an individual product or as a compounded product, this requested topical item is not medically necessary or appropriate.

Menthol 2%: Upheld

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

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

Decision rationale: Review of providers extensive prescription history show that these individual requests are actually all part of a compounded topical product. However, the provider did not clearly document how these substance were being compounded or total compounded requested. Therefore these request will be assessed individually and together to determine medical necessity. As per MTUS guidelines "Any compound product that contains a drug or drug class that is no recommended is not recommended." Topical menthol may have some topical soothing properties but there is no information in the MTUS guidelines or ODG to support a prescription. It is often used as part of a compounded cream. It is not medically necessary. All other requested substances are also not medically necessary therefore either as an individual product or as a compounded product, this requested topical item is not medically necessary or appropriate.

Camphor 2 %: Upheld

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

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

Decision rationale: Review of providers extensive prescription history show that these individual requests are actually all part of a compounded topical product. However, the provider did not clearly document how these substance were being compounded or total compounded requested. Therefore these request will be assessed individually and together to determine medical necessity. As per MTUS guidelines "Any compound product that contains a drug or drug class that is no recommended is not recommended." Topical camphor may have some topical soothing properties but there is no information in the MTUS guidelines or ODG to support a prescription. It is often used as part of a compounded cream. It is not medically necessary. All other requested substances are also not medically necessary therefore either as an individual product or as a compounded product, this requested topical item is not medically necessary or appropriate.