

Case Number:	CM14-0058754		
Date Assigned:	09/12/2014	Date of Injury:	08/12/2011
Decision Date:	10/10/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/29/2014

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 Family 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:

The patient is a 40-year-old male who has submitted a claim for lumbar disc herniation with right S1 radiculopathy associated with an industrial injury date of June 12, 2011. Medical records from 2013 through 2014 were reviewed which showed chronic back pain. Physical examination showed paralumbar tenderness with guarding. There was limited lumbar spine range of motion with a positive right straight leg raise test. There is likewise decreased sensation in the L5 dermatome of the right lower extremity. Treatment to date has included physical therapy, lumbar epidural injection, and medications. Utilization review from 04/14/2014 denied the request for Compound: Capsaicin 0.25%, Flurbiprofen 25%, Tramadol 15%, Menthol 2% and Camphor 2% because the current guidelines do not recommend its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Capsaicin 0.25%, Flurbiprofen 25%, Tramadol 15%, Menthol 2% and Camphor 2%: Upheld

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

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

Decision rationale: According to pages 111-113 of CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many these agents. The compound Flurbiprofen does not show consistent efficacy. CA MTUS Chronic Pain Medical Treatment Guidelines identifies on page 28 that topical Capsaicin is only recommended as an option if there was failure to respond or intolerance to other treatments. The guideline states there is no current indication that an increase over a 0.025% formulation of capsaicin would provide any further efficacy. The topical formulation of tramadol does not show consistent efficacy. In addition, there is little to no research as for the use of Flurbiprofen in compounded products. Regarding the Menthol component, CA MTUS does not cite specific provision, but the ODG Pain Chapter issued an FDA safety warning which identifies rare cases of serious burns that have been reported to occur on the skin where menthol and Capsaicin were applied. The guidelines do not address Camphor. The rationale of using a topical cream is to provide targeted pain relief and treatment to assure the patient functions safely with reduced side effects associated with oral medications. In this case, from medical records provided, the reason for prescribing such compound was not clearly stated. Moreover, any compounded product that contains at least one drug (or drug class) that is not advisable is already not recommended. This medication contains Flurbiprofen and Tramadol, which are not recommended for topical use. Therefore, the request for Compound: Capsaicin 0.25%, Flurbiprofen 25%, Tramadol 15%, Menthol 2% and Camphor 2% is not medically necessary.