

Case Number:	CM14-0059194		
Date Assigned:	07/09/2014	Date of Injury:	07/09/2013
Decision Date:	10/01/2014	UR Denial Date:	03/31/2014
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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 59-year-old male who reported an injury after a motor vehicle accident on 07/09/2013. The clinical note dated 03/05/2014 indicated diagnoses of lumbar spine sprain/strain and insomnia. The injured worker reported low back pain rated 1/10 to 5/10 with medications. The injured worker reported the pain was constant and dull. On physical examination of the lumbar spine, the injured worker had decreased range of motion and tenderness to palpation of the paraspinals bilaterally with pain. The injured worker had a circumscribed trigger point with twitch response and referred pain that was taut. The injured worker's treatment plan included prescribed medications of flurbiprofen/cyclobenzaprine/lidocaine and capsaicin/menthol/camphor and to return to clinic in 4 weeks. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included compound medications. The provider submitted a request for a compound medication. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Compound Mds: Flurbiprofen 20%, Cyclo 4%, Lido 5%-Capsaicin 0.0375%-Mentol 5%-Camphor 2%: 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: The California MTUS Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. It was not indicated if the injured worker had tried and failed antidepressants and anticonvulsants. In addition, the Guidelines do not recommend the topical use of cyclobenzaprine as a topical muscle relaxant as there is no evidence of use of any other muscle relaxant as a topical product. Additionally, it was not indicated if the injured worker was intolerant to other treatments. Moreover, capsaicin is recommended in the formula of 0.025%. The formula in this compound is 0.0375%. This exceeds the Guideline recommendation. Additionally, any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Moreover, the provider did not indicate a rationale for the request. Furthermore, the request did not indicate a retro date. In addition, the request did not indicate a frequency or quantity for this medication. The request for Retro Compound Mds: Flurbiprofen 20%, Cyclo 4%, Lido 5%-Capsaicin 0.0375%-Mentol 5%-Camphor 2% is not medically necessary.