

Case Number:	CM14-0059344		
Date Assigned:	07/09/2014	Date of Injury:	07/16/2012
Decision Date:	09/23/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	04/30/2014

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 Physical Medicine & Rehabilitation and Pain 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 injured worker is a 53-year-old female who reported an injury on 07/16/2012. The mechanism of injury was a fall. The diagnoses included lumbar spine multilevel disc protrusion, lumbar spine anterior listhesis, coccydynia, lumbar spine disc extrusion, chronic pain, and bilateral L5 and S1 radiculopathy. Previous treatments included medication and epidural steroid injections. Diagnostic testing included an MRI, x-rays, and EMG/NCV. Within the clinical note dated 03/25/2014, it was reported the injured worker complained of low back pain. She noted her pain was moderate to occasionally severe. She complained of radiating pain and tingling sensation to the bilateral legs. Upon the physical examination, the provider noted the injured worker had tenderness to palpation of the bilateral sacroiliacs, and tenderness to palpation of the coccyx. The injured worker had limited range of motion secondary to pain. The provider requested Capsaicin/Flurbiprofen/Tramadol/Menthol/Camphor topical compound and Cyclobenzaprine/Flurbiprofen to be useful for specific therapeutic goals. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025%-Flurbiprofen15%-Tramadol15%-Menthol 2%-Camphor 2% topical compound 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 72, 111-113.

Decision rationale: The California MTUS Guidelines state that topical NSAIDs are recommended for the use of osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short-term use of 4 to 12 weeks. The Guidelines note capsaicin is only recommended as an option in patients who do not respond or are intolerant to other treatments. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first line oral analgesic. Flurbiprofen is recommended for osteoarthritis and mild to moderate pain. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency and quantity of the medication. The request submitted failed to provide a treatment site. The injured worker has been utilizing the medication since at least 03/2014, which exceeds the Guideline recommendation of short-term use of 4 to 12 weeks. Therefore, the request for Capsaicin 0.025%-Flurbiprofen 15%-Tramadol 15%-Menthol 2%-Camphor 2% topical compound 240 gm is not medically necessary.

Cyclobenzaprine 2%-Flurbiprofen 20% 240gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 41, 72, 111-112.

Decision rationale: The California MTUS Guidelines state that topical NSAIDs are recommended for the use of osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short-term use of 4 to 12 weeks. Flurbiprofen is recommended for osteoarthritis and mild to moderate pain. The Guidelines note Cyclobenzaprine is recommended as an option using a short course of therapy. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the treatment site and frequency of the medication. Additionally, the injured worker has been utilizing the medication for an extended period of time since at least 03/2014, which exceeds the Guideline recommendation of short-term use of 4 to 12 weeks. Therefore, the request for Cyclobenzaprine 2%-Flurbiprofen 20% 240 gm is not medically necessary.