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| Case Number: | CM14-0075160 | | |
| Date Assigned: | 07/16/2014 | Date of Injury: | 10/18/2013 |
| Decision Date: | 08/28/2014 | UR Denial Date: | 05/15/2014 |
| Priority: | Standard | Application Received: | 05/22/2014 |

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 43-year-old woman who sustained a work-related injury on October 18, 2013. Subsequently, she developed chronic low back pain. According to the progress report dated May 9, 2014, the patient was complaining of intermittent low back pain, which was rated as moderate to occasionally severe. She stated that the pain radiated to her waist, right scapula, right shoulder, right leg, right foot, and bilateral knees with associated numbness and tingling sensation. Her physical examination of the cervical spine revealed tenderness with spasm and reduced range of motion. The compression, Spurling, and Distraction tests were negative. His neurologic examination was not focal. The patient was treated with chiropractic therapy, including supervised physiotherapy; medication; and acupuncture. The patient was diagnosed with cervical spine sprain/strain with myospasms and lumbar spine sprain/strain with radiculopathy and myospasms. The provider requested authorization for Cyclobenzaprine 2 %, Flurbiprofen 20 %, 240 mg and Capsaicin 0.025 %, Flurbiprofen 15 %, Tramadol 15%, Menthol 2%, Camphor 2%, 240 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2 %, Flurbiprofen 20 %, 240 gm: Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no clear evidence that the patient failed or was intolerant to first line of oral pain medications. Therefore, One compounded topical medication Cyclobenzaprine 2 %, Flurbiprofen 20 %, 240 gm is not medically necessary.

Capsaicin 0.025 %, Flurbiprofen 15 %, Tramadol 15%, Menthol 2%, Camphor 2%, 240 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation ODG, Pain, Compound drugs.

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

Decision rationale: The requested topical analgesic is formed by the combination of cream capsaicin 0.025 %, Flurbiprofen 15 %, Tramadol 15%, Menthol 2%, Camphor 2%. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The topical analgesic contains Capsaicin, not recommended by MTUS as a topical analgesic. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Therefore, the request for this topical analgesic is not medically necessary.