

Case Number:	CM14-0076525		
Date Assigned:	07/18/2014	Date of Injury:	11/19/2012
Decision Date:	09/24/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/27/2014

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 Occupational 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 is a 25 year-old male with date of injury 11/19/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/14/2014, lists subjective complaints as pain in the low back. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the paravertebral muscles and decreased range of motion due to pain. Diagnosis: Sprain/strain, lumbar spine, Lumbar radiculopathy, Right shoulder strain/sprain, Anxiety, Tension, Depression, Headaches, Sadness, Nervousness, Sleep difficulties, Fears, Forgetfulness, Difficulty concentrating, Low energy, Increased appetite, Sexual dysfunction 17. Stomach pain. The medical records supplied for review document that the patient had not been prescribed the following medications before the date of the request for authorization. Medications: Compound cream: Capsaicin 0.25%, Flurbiprofen 15%, Tramadol 1%, Camphor 2%, 240gms SIG: use topically twice daily, Compound cream: Diclofenac 20%, Tramadol 15%, 240gms SIG: use as directed. Medications: 1. Compound cream: Capsaicin 0.25%, flurbiprofen 15%, Tramadol 1%, Camphor 2%, 240gms SIG: use topically twice daily. 2. Compound cream: Diclofenac 20%, Tramadol 15%, 240gms SIG: use as directed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.25%, flurbiprofen 15%, Tramadol 1%, Camphor 2%, 240 gm. QTY:1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s) : 111& 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen topical is not supported by the MTUS. Therefore, this request is not medically necessary.

Diclofenac 20%, Tramadol 15%, 240 gm.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): es: 111 & 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111.

Decision rationale: According to the Official Disability Guidelines, Diclofenac is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that Diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did Rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid Diclofenac because it increases the risk by about 40%. According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended. Therefore, this request is not medically necessary.