

Case Number:	CM14-0077371		
Date Assigned:	07/18/2014	Date of Injury:	07/08/2013
Decision Date:	12/23/2014	UR Denial Date:	05/15/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 was a 65 year old male, farm labor, who sustained a work related injury, on July 08, 2013, causing gradual increase in lower back pain. According to the progress note of February 24, 2014, the injured worker has associated lower back pain, stiffness and spasms with lower extremity numbness and tingling which was more prominent on the right compared to the left. The injured worker was temporally disabled, due to the physical demands of the job of lifting walking, bending, squatting, pushing, pulling, climbing, kneeling, standing, gripping, stooping and lifting 60-80 pounds. The injured worker was unable to sit or stand for more than 5-15 minutes. The injured worker underwent physical therapy modalities without improvement. On August 26, 2013 a Magnetic Resonance Imaging (MRI) and X-rays of the lumbar area were obtained. The Magnetic Resonance Imaging (MRI) showed mild degenerative changes at L3-L4 and L4-L5 with shallow bulge annular fissure L3-L4, moderate foraminal narrowing bilaterally. At L4-L5 subarticular stenosis, mild bilateral L5 nerve root abutment. Magnetic Resonance Imaging (MRI) the orthopedic Surgeon recommended lumbar epidural injection. The injured worker continues on pain medication and anti-inflammatory medications. The progress note of November 20, 2013 states, the injured worker remains on a 25 pound weight restriction, but may return to work if light duty is available. On April 9, 2014 the injured worker received an epidural injection. There was no documentation after the epidural injection provided to support a positive effective outcome form the injection. The documentation failed to support the use of topical creams. On May 15, 2014 the UR denied Capsaicin/Menthol/Camphor/Tramadol and Flurbiprofen/Diclofenac compound creams as medically not necessary. Treatment reports from 9/13/13 through 2/24/14 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin .0375%/Menthol 10%/Camphor 2.5%/Tramadol 20% 240gm: 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 Creams, Topical Analgesics Page(s): 111.

Decision rationale: This patient presents with lower back pain, stiffness and spasms with lower extremity numbness and tingling, which was more prominent on the right compared to the left. The current request is for Capsaicin .0375%/menthol 10%/camphor 2.5%/tramadol 20% 240 gm. The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." The MTUS Guidelines allows capsaicin for chronic pain condition such as fibromyalgia, osteoarthritis, and nonspecific low back pain. However, MTUS Guidelines consider doses that are higher than 0.025% to be experimental particularly at high doses. The request topical cream contains 0.0375% of Capsaicin, which is not supported by MTUS. In addition, Tramadol has not been tested for transdermal use. Therefore, the entire compound cream is not recommended and is not medically necessary.

Flurbiprofen 25%/Diclofenac 10% apply twice daily 240gm: 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 Creams, Topical Analgesics Page(s): 111.

Decision rationale: This patient presents with lower back pain, stiffness and spasms with lower extremity numbness and tingling, which was more prominent on the right compared to the left. The current request is for Flurbiprofen 25%/Diclofenac 10% apply twice daily 240 gm. The MTUS Guidelines has the following regarding topical creams on page 111, under chronic pain section. For Flurbiprofen, which is a nonsteroidal anti-inflammatory agent, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Topical NSAIDs had been shown in the meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amenable to topical treatment." In this case, the patient does not meet the indication for the topical medication as he does not present with any osteoarthritis or tendonitis in the peripheral joints. Flurbiprofen 25%/Diclofenac 10% apply twice daily 240gm is not medically necessary and appropriate.

