

Case Number:	CM14-0083932		
Date Assigned:	06/09/2014	Date of Injury:	12/27/2004
Decision Date:	07/14/2014	UR Denial Date:	05/18/2014
Priority:	Standard	Application Received:	06/05/2014

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, and is licensed to practice in Illinois. 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 who is a 63-year-old male who reported an injury on December 27, 2004 sustained a work related injury. The injured worker was seen on March 20, 2014 and was requesting for medications. He states that he exercises daily but continues to struggle. The injured worker stated that he had a lumbar injection in November of 2013 that helped for a short time. On the physical examination, done on March 20, 2014 presented mild antalgic gait with pain and tenderness with limited range of motion and positive straight leg raise. The injured worker cervical spine had diminished C5-C6 sensation in the upper extremities. It was noted the injured worker had tenderness guarding and limited range of motion of the lumbar spine. It was noted bilateral wrists and hands had positive Phalen's testing. The diagnoses of the injured worker included lumbar spine radiculopathy multilevel degenerative discopathy, cervical/lumbar spine and chronic pain syndrome. The treatment plan included for decisions on the following medications Capsaicin 0.025%, Fluribiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% #240, Cyclobenzaprine 2%, Fluribiprofen 20% # 240 and Baclofen/Fluribiporfen/Cetyl-Carnitine #125 mg. The authorization for request was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAPSAICIN 0.025%, FLURIBIPROFEN 15%, TRAMADOL 15%, MENTHOL 2%, CAMPHOR 2% #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The Chronic Pain Medical treatment Guidelines states that topical analgesics are "largely experimental" in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one or more drug class is not recommended. There is no evidence for use of Tramadol as a topical product only Voltaren Gel 1 % is FDA approved to relief osteoarthritis pain in joints. Diagnoses of the injured worker included lumbar spine radiculopathy multilevel degenerative discopathy, cervical/lumbar spine and chronic pain syndrome. The documents provided do not state that the injured worker has osteoarthritis pain in joints. In addition, flurbiprofen is not recommended. The request for capsaicin 0.025%, flurbiprofen 15%, tramadol 15%, menthol 2%, camphor 2%, 240 count, is not medically necessary or appropriate.

CYCLOBENZAPRINE 2%, FLURBIPROFEN 20% #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The Chronic Pain Medical treatment Guidelines states that topical analgesics are "largely experimental" in use with few randomized controlled trials to determine efficacy or safety. There is no evidence for use Cyclobenzaprine 2 % and Flurbiprofen 20 % # 240 as a topical product. In addition, this agent has compounding agents with two or three oral agents together. The guidelines do not recommend for the use of a topical product compounding two or more oral agents and found no efficacy or benefit over individual agents separately. The request for cyclobenzaprine 2%, flurbiprofen 20%, 240 count, is not medically necessary or appropriate.