

Case Number:	CM14-0085854		
Date Assigned:	07/23/2014	Date of Injury:	12/20/2011
Decision Date:	09/09/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/09/2014

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 patient is a 43-year-old male with an injury date of 12/20/2011. According to the 04/01/2014 progress report, the patient complains of back pain, leg and muscle pain, and numbness and tingling. He was diagnosed with an L4-L5 herniated disk, and on 12/06/2012, he had a spinal fusion with a laminectomy. After the surgery, sensation on his right side improved, but paresthesia on the left side persisted. The patient's diagnoses include the following: 1. Urinary urge incontinence. 2. Erectile dysfunction with premature ejaculation. 3. Back pain (status post spinal fusion with laminectomy). The request is for the following: 240 g: Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 10%, Menthol 2%, Camphor 2%, Flurbiprofen 20%, and Tramadol 20% (of unspecified quantity). The utilization review determination being challenged is dated 05/19/2014. Treatment reports were provided from 01/31/2014 07/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

240 gr: Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 10%, Menthol 2%, Camphor 2%, Flurbiprofen 20% and Tramadol 20% (of unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medicines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: According to the 04/01/2014 report, the patient presents with back pain, leg and muscle pain, and numbness and tingling. The request is for 240 g: Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 10%, Menthol 2%, Camphor 2%, Flurbiprofen 20%, and Tramadol 20% (of unspecified quantity). The report with the request was not provided. MTUS guidelines provide clear discussion regarding topical compounded creams. It does not support the use of topical NSAIDs for axial, spinal pain, but supports it for peripheral joint arthritis and tendinitis. Since the report with the request was not provided, there is no indication of where the patient will be applying this topical ointment to. Furthermore, Tramadol is not supported in topical formulation. The request is not medically necessary.