

Case Number:	CM14-0086310		
Date Assigned:	07/23/2014	Date of Injury:	03/15/2010
Decision Date:	09/26/2014	UR Denial Date:	05/30/2014
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 & Rehabilitation, Pain Medicine and is licensed to practice in California and Washington. 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 is a 68 year old male who reported an injury on 03/13/2013. The mechanism of injury was not reported. He is diagnosed with lumbago. His past treatment included medication and topical analgesic. On 11/19/2013, it was reported the injured worker had low back pain and pain in the left leg. He reportedly got pain relief from his pain medications but they made him sleepy. He had concerns that his back was very tight and painful. His diagnoses included lumbago, lumbar spine radiculopathy, and lumbar spasms. His medication included Hydrocodone 5/325mg 1 tablet 4 times daily as needed. He was advised to ice the painful areas and to do gentle stretching on a regular basis. The physician noted his physical findings were unchanged from the 09/10/2013 visit which findings included palpable tenderness on the left mid buttock to the left posterior knee. His previous diagnostics and surgical history were not provided. The treatment plan was for Amitriptyline/Dextromethorphan/Flurbiprofen and Capsaicin/Tramadol/Flurbiprofen/Menthol/Camphor. The rationale for request and the request for authorization form were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline/Dextromethorphan/Flurbiprofen and Capsaicin/Tramadol/Flurbiprofen/Menthol/Camphor (duration and frequency unknown):
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 Analgesics Page(s): 111.

Decision rationale: As stated in California MTUS Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The use of these compounded topicals requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Furthermore, they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compound product that contains at least one drug (or drug class) that is not recommended is not recommended. The injured worker reported that his back was very tight and painful. He was taking Hydrocodone 5/325mg which he reported being helpful but they were making him sleepy. However, it was not stated as to whether he has tried an antidepressant or anticonvulsant. There was also a lack of clinical documentation showing that the injured worker was having neuropathic pain. Also, the use of these compounded agents requires data of the specific analgesic effect of each ingredient and how it will be useful for the therapeutic goal required, however, there was insufficient documentation that provides such information for all the ingredients listed. Furthermore, the request failed to provide how the injured worker will be using the requested medication to include the duration, route, and frequency. As such the request for Amitriptyline/Dextromethorphan/Flurbiprofen and Capsaicin/Tramadol/Flurbiprofen/Menthol/Camphor is not medically necessary.