

Case Number:	CM14-0087162		
Date Assigned:	07/23/2014	Date of Injury:	12/14/2013
Decision Date:	09/11/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/10/2014

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 33 year old male with an injury date of 12/14/13. Per the 04/07/14 report by [REDACTED] the patient presents with constant lower back pain rated 5/10 and constant bilateral feet pain rated 7/10. The 05/12/14 report cites a 03/06/14 MRI of the lumbar spine as stating, "He has significant pathology at 3 levels; L3-L4, L4-L5, and L5-S1. He has radicular complaints in the lower extremities which are clinically present." The patient is working with modified duty. The patient's diagnoses include: 1. Lumbar spine discopathy. 2. Lower extremity radiculitis. The 05/12/14 and 04/07/14 reports by [REDACTED] state that current medication includes Motrin, Protonix, and Cyclobenzaprine. The treater requests for Capsaicin 0.025%, Florbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2%, Cyclobenzaprine 2%, and Florbiprofen 20%. The utilization review date being challenged is dated 06/13/14. The rationale is that transdermal analgesics are not yet broadly accepted prevailing standard of care and that documentation was old and inadequate. Treatment reports from 01/14/14 to 06/23/14 were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2%, and 240MG Cyclobenzaprine 2%, Flurbiprofen 20% (unspecified amount): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical (MTUS Page(s): 29.

Decision rationale: The patient presents with lower back pain and bilateral feet pain. The treating physician is requesting Capsaicin 0.025%, Flurbiprofen 15%, and Tramadol 15%, menthol 2%, Camphor 2%; and Cyclobenzaprine 2%, Flurbiprofen 20%. There is no indication in records provided that the insured previously took this medication. MTUS guidelines page 29 state that Capsaicin, topical is recommended only as an option in patients who have not responded or are intolerant to other treatments. Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. MTUS page 111 also states that if one of the components of a compounded product is not indicated then the entire compounded product is not. In this case, cyclobenzaprine and tramadol are not supported for topical formulation. Therefore this request is not medically necessary.