

Case Number:	CM14-0087385		
Date Assigned:	07/23/2014	Date of Injury:	09/25/2012
Decision Date:	09/11/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/11/2014

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 Preventive Medicine, 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:

According to the records made available for review, this is a 59-year-old male with a 9/25/12 date of injury. At the time (6/10/14) of request for authorization for Cyclobenzaprine 2% Flurbiprofen 20% 240gm quantity 1, and Capsaicin 1.025% Flurbiprofen 15% Tramadol 15% Menthol 2% Camphor 2% 240gm quantity 1, there is documentation of subjective (low back pain radiating into both legs, numbness and tingling in the bilateral lower extremities; bilateral knee pain rated 6-7/10) and objective (able to heel-toe walk with pain at the right knee, positive straight leg raise bilaterally, positive Braggards, bilateral knee lateral joint line tenderness, medial joint line tenderness, decreased range of motion, positive McMurray and Lachman's, and diminished sensation bilateral lower extremities) findings, current diagnoses (low back pain, lumbar spine herniated nucleus pulposus, lumbar facet arthropathy, lumbar radiculopathy, right knee medial meniscus tear, osteoarthritis left knee, and right knee internal derangement), and treatment to date (medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2% Flurbiprofen 20% 240gm Quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs/ Analgesics Page(s): 111.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, Lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of low back pain, lumbar spine herniated nucleus pulposus, lumbar facet arthropathy, lumbar radiculopathy, right knee medial meniscus tear, osteoarthritis left knee, and right knee internal derangement. However, Cyclobenzaprine 2% Flurbiprofen 20% 240gm contains at least one drug (Cyclobenzaprine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Cyclobenzaprine 2% Flurbiprofen 20% 240gm Quantity 1 is not medically necessary.

Capsaicin 1.025% Flurbiprofen 15% Tramadol 15% Menthol 2% Camphor 2% 240gm Quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs/ Analgesics Page(s): 111.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of low back pain, lumbar spine herniated nucleus pulposus, lumbar facet arthropathy, lumbar radiculopathy, right knee medial meniscus tear, osteoarthritis left knee, and right knee internal derangement. However, Capsaicin 1.025% Flurbiprofen 15% Tramadol 15% Menthol 2% Camphor 2% 240gm, contains at least one drug (Capsaicin) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Capsaicin 1.025% Flurbiprofen 15% Tramadol 15% Menthol 2% Camphor 2% 240gm Quantity 1 is not medically necessary.