

Case Number:	CM14-0090923		
Date Assigned:	07/25/2014	Date of Injury:	11/15/2011
Decision Date:	10/01/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/16/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 46-year-old male with an 11/15/11 date of injury. The patient injured his lower extremities, shoulders, and lumbar spine due to continuous trauma. According to a progress report dated 4/8/14, the patient complained of continued symptomatology in the lumbar spine. He has failed all conservative measures up to this point in time and still has continued pain. Objective findings: tenderness at the cervical paravertebral muscles, tenderness at the shoulder acromioclavicular joint, tenderness at the lumbar paravertebral muscles with palpable spasms, pain with terminal motion. Diagnostic impression: cervical discopathy, shoulder impingement, lumbar discopathy, electrodiagnostic evidence of L4-5 radiculopathy. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 5/29/14 denied the requests for Retrospective (3/27/2014) Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2%, 240 gm and Retrospective (3/27/2014) Cyclobenzaprine 2%, Flurbiprofen 20%, 240 gm. Current guidelines would not favor a continuation of the requested topical analgesics as it is noted that topical analgesics are largely experimental in use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (3/27/2014) Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2%, 240 gm.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Guidelines do not support the use of Flurbiprofen and Tramadol in a topical formulation. A specific rationale identifying why this medication would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Retrospective (3/27/2014) Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2%, 240 gm was not medically necessary.

Retrospective (3/27/2014) Cyclobenzaprine 2%, Flurbiprofen 20%, 240 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Guidelines do not support the use of Cyclobenzaprine and Flurbiprofen in a topical formulation. A specific rationale identifying why this medication would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Retrospective (3/27/2014) Cyclobenzaprine 2%, Flurbiprofen 20%, 240 gm was not medically necessary.