

Case Number:	CM14-0195209		
Date Assigned:	12/02/2014	Date of Injury:	12/07/2005
Decision Date:	01/20/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/21/2014

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, 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 50 year old female with an injury date on 12/07/2005. Based on the 08/05/2014 hand written progress report provided by the treating physician, the diagnoses are: 1. Herniated Disc Lumbosacral Spine 2. Lumbar Radiculitis/Neuritis (NOS) 3. Enthesopathy of Hip. According to this report, the patient complains of "low back pain radiating down right leg with numbness and tingling. Meds and compound creams help." Physical exam reveals tenderness at the lumbar paraspinal muscles. Lumbar range of motion is decreased. Straight leg raise is positive. Diminished sensation is noted at the right L5 dermatomes. The treatment plan is continue with medication and creams, repeat request for psychiatric consultation. The patient is to "remain off work" per AME. There were no other significant findings noted on this report. The utilization review denied the request for (1) 1 Container of Flurbiprofen 25%, Menthol 10%, Camphor 3%, and Capsaicin 0.0375% 30 Grams and (2) 1 Container of Flurbiprofen 25%, Menthol 10%, Camphor 3%, and Capsaicin 0.0375% 120 grams on 10/31/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 05/28/2014 to 09/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Container of Flurbiprofen 25%, Menthol 10%, Camphor 3%, and Capsaicin 0.0375% 30 Grams: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the 08/05/2014 report, this patient presents with "low back pain radiating down right leg with numbness and tingling. The current request is for 1 Container of Flurbiprofen 25%, Menthol 10%, Camphor 3%, and Capsaicin 0.0375% 30 Grams but the treating physician's report and request for authorization containing the request is not included in the file. Regarding topical compounds, MTUS states that if one of the compounded product is not recommended then the entire compound is not recommended. The MTUS guidelines do not support the usage of Flurbiprofen (NSAID) for the treatment of spine, hip, shoulder or neuropathic pain. NSAID topical analgesics are indicated for osteoarthritis and tendinitis of the knee and elbow or other joints that are amenable to topical treatment. This patient presents with lumbar pain for which topical NSAID is not indicated. The current request is not medically necessary.

1 Container of Flurbiprofen 25%, Menthol 10%, Camphor 3%, and Capsaicin 0.0375% 120 grams: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the 08/05/2014 report, this patient presents with "low back pain radiating down right leg with numbness and tingling. The current request is for 1 Container of Flurbiprofen 25%, Menthol 10%, Camphor 3%, and Capsaicin 0.0375% 120 grams but the treating physician's report and request for authorization containing the request is not included in the file. Regarding topical compounds, MTUS states that if one of the compounded product is not recommended then the entire compound is not recommended. The MTUS guidelines do not support the usage of Flurbiprofen (NSAID) for the treatment of spine, hip, shoulder or neuropathic pain. NSAID topical analgesics are indicated for osteoarthritis and tendinitis of the knee and elbow or other joints that are amenable to topical treatment. This patient presents with lumbar pain for which topical NSAID is not indicated. The current request is not medically necessary.