

Case Number:	CM14-0207028		
Date Assigned:	01/13/2015	Date of Injury:	03/11/2002
Decision Date:	02/19/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 54-year-old man who sustained a work-related injury on March 11, 2002. Subsequently, the patient developed chronic low back pain. According to a progress report dated September 29, 2014, the patient continued to complain of persistent pain in the lumbar spine radiating to the mid-back at the level of the mid-scapular area. He also reported pain over the bilateral sacroiliac joints. The patient's medications include: Norco, Prilosec, Ultram ER, and topical cream. Examination of the lumbar spine revealed tenderness in the lumbar paraspinal musculature. There was decreased range of motion secondary to pain and stiffness. There was tenderness over the bilateral sacroiliac joints. FABER and Patrick's tests were positive. Motor strength was 5/5 in the upper and lower extremities bilaterally. There was normal bulk and tone. Sensory examination was diminished to light touch and pinprick at the bilateral L5 dermatomal distribution. Reflexes were 1+ throughout. Both toes were downgoing. The patient was diagnosed with lumbar discopathy with disc displacement, lumbar radiculopathy, and sacroiliac arthropathy. The provider requested authorization for topical analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25 Percent, Menthol 10 Percent, Camphor 3 Percent, Capsaicin .0375 Percent Topical Cream, 30 Grams: 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: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Menthol or any other compound of the topical analgesic is recommended as topical analgesics for chronic back pain. Flurbiprofen, a topical analgesic is not recommended by MTUS guidelines. Based on the above Flurbiprofen 25 Percent, Menthol 10 Percent, Camphor 3 Percent, Capsaicin .0375 Percent Topical Cream, 30 Grams is not medically necessary.

Flurbiprofen 25 Percent, Menthol 10 Percent, Camphor 3 Percent, Capsaicin .0375 Percent Topical Cream, 120 Grams: 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: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Menthol or any other compound of the topical analgesic is recommended as topical analgesics for chronic back pain. Flurbiprofen, a topical analgesic is not recommended by MTUS guidelines. Based on the above Flurbiprofen 25 Percent, Menthol 10 Percent, Camphor 3 Percent, Capsaicin .0375 Percent Topical Cream, 30 Grams is not medically necessary.