

Case Number:	CM14-0217013		
Date Assigned:	01/06/2015	Date of Injury:	02/24/2005
Decision Date:	05/01/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/29/2014

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 injured worker is a 56-year-old male, who sustained an industrial injury on February 24, 2005. He reported low back pain. The injured worker was diagnosed as having lumbago, lumbar disc disorder with myelopathy, left leg pain, and L5 radiculopathy. Treatment to date has included home exercises, and medications. On August 4, 2014, he complains of low back pain with radiation to the buttocks and back of both thighs, and down to the left calf. He reports numbness of the left lateral calf and 3 middle toes of the left foot, and numbness of the left inner thigh. He rates his low back pain as 6/10 and leg pain as 5/10 on a pain scale. On December 10, 2014, he continues to have the same symptomology as on 8/4/14. He rates his pain as 4-6/10 for the low back, and 4-6/10 for the leg. The request for authorization on 8/4/14, includes Flurbiprofen 10%, Capsaicin 0.025%, Menthol 0.05%, Camphor 0.05%, 60 grams and 10 grams; and Ketoprofen 10%, Cyclobenzaprine 10%, 60 grams and 10 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 10%, capsaicin 0.025%, menthol 0.05%, camphor 0.05% 60gm and 10gm:
 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 Analgesics Page(s): 111 - 113.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the only recommended topical analgesic agents are those including anti-inflammatories, lidocaine, or capsaicin. There is no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients have any efficacy. Capsaicin may have an indication for chronic low back pain in this context. Per MTUS p 112 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. The guidelines also indicate that any compounded product that contains at least one drug that is not recommended then the entire compound is not recommended. For this reason this request for flurbiprofen/capsaicin/menthol/camphor is not medically necessary. Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually, therefore is not medically necessary.

Ketoprofen 10%, cyclobenzaprine 10% 60gm and 10gm: 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 analgesics Page(s): 111 - 113.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the only recommended topical analgesic agents are those including anti-inflammatories, lidocaine, or capsaicin. There is no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients have any efficacy to include cyclobenzaprine. Additionally, topical anti-inflammatories such as ketoprofen and indicated for usage on the spine. For these reasons, this request for topical ketoprofen/cyclobenzaprine is not medically necessary. Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should

show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually, therefore is not medically necessary.