

Case Number:	CM14-0040149		
Date Assigned:	06/27/2014	Date of Injury:	10/02/2013
Decision Date:	08/05/2015	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/07/2014

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
Certification(s)/Specialty: Internal 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 injured worker is a(n) 49 year old male, who sustained an industrial injury on 10/2/13. He reported pain in his lower back. The injured worker was diagnosed as having cervical sprain, lumbar sprain, right knee sprain and right ankle sprain. Treatment to date has included physical therapy, acupuncture, a TENs unit, an EMG/NCS of the lower extremities on 1/15/14 showing right S1 radiculopathy and a lumbar epidural injection on 2/27/14. As of the PR2 dated 2/1/14, the injured worker reports pain in the neck, lower back, right knee and right ankle. Objective findings include 3+ tenderness to palpation in the cervical, lumbar, anterior knee and Achilles tendon. The treating physician requested Topical compound of Flurbiprofen 15%/Tramadol 15% 240gm and Topical compound of Capsaicin 0.025%/Flurbiprofen 15%/Tramadol 15%/Menthol 2%/Camphor 2% 240gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound of Flurbiprofen 15%/Tramadol 15% 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation ODG (The Official Disability Guidelines) Pain (updated 03/10/14) Compound Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain pages 56, 57, 112, 113.

Decision rationale: Topical analgesic medicines are largely experimental and there are few randomized controlled studies to determine their efficacy or safety. They are primarily used for neuropathic pain when first line anticonvulsants and antidepressants have not been efficacious. They are applied locally to the painful area and lack systemic toxicity, do not present with drug interactions, and do not need to have their dose titrated. Many different medicines are utilized, including such medicines as NSAID preparations, lidocaine, and capsaicin. Many of these preparations have not been proven to be beneficial in alleviating symptoms when applied topically. Also, these medicines are compounded together in preparations to be applied topically. The provider must be aware of the functioning of all the components and if one of the medicines is not recommended the entire compound cannot be recommended. As noted in the MTUS, these topical applications are largely experimental and adequate controlled trials are lacking to prove their efficacy. Also, these meds should just be used for neuropathic pain. The patient should be first given an adequate trial of the various anticonvulsant and antidepressant medications before these topical medications should be considered. The UR was justified in its denial of this medicine. The request is not medically necessary.

Topical compound of Capsaicin 0.025%/Flurbiprofen 15%/Tramadol 15%/Menthol 2%/Camphor 2% 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Capsaicin Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain pages 56, 57, 112, 113.

Decision rationale: Topical analgesic medicines are largely experimental and there are few randomized controlled studies to determine their efficacy or safety. They are primarily used for neuropathic pain when first line anti-convulsants and anti-depressants have not been efficacious. They are applied locally to the painful area and lack systemic toxicity, do not present with drug interactions, and do not need to have their dose titrated. Many different medicines are utilized, including such medicines as NSAID preparations, lidocaine, and capsaicin. Many of these preparations have not been proven to be beneficial in alleviating symptoms when applied topically. Also, these medicines are compounded together in preparations to be applied topically. The provider must be aware of the functioning of all the components and if one of the medicines is not recommended the entire compound cannot be recommended. As noted in the MTUS, topical medications are largely experimental and few randomized trials have been done to prove their efficacy and are used just for neuropathic pain. They should not be considered unless an adequate trial of other methods such as the various anti-convulsants and anti-depressants have been given. The UR was justified in its denial. The request is not medically necessary.