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| Case Number: | CM15-0005934 | | |
| Date Assigned: | 01/20/2015 | Date of Injury: | 06/20/2014 |
| Decision Date: | 03/12/2015 | UR Denial Date: | 12/26/2014 |
| Priority: | Standard | Application Received: | 01/12/2015 |

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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 23 year old female who sustained an industrial related injury on 6/20/14. The injured worker had complaints of back pain and right lower extremity radiculitis. Tenderness was noted over the lumbar spine and right sciatic notch area. The straight leg raise test was positive. Slightly decreased sensation was noted over the right thigh, calf, and foot. Diagnoses were degenerative herniated disc at L4-5 and low back pain with right lower limb radiculitis. Treatment included physical therapy, chiropractic treatment, and epidural injections. On 1/6/15 the treating physician requested authorization for Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% and Cyclobenzaprine 2% Flurbiprofen 25%. On 12/26/14 the requests were non-certified. The utilization review (UR) physician cited the Medical Treatment Utilization Schedule guidelines and the Official Disability Guidelines. The UR physician noted there was no documentation that the injured worker was unable to try using oral anti-inflammatory medications or any contraindications such as gastritis or reflux provided in the medical history. Therefore the requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025% Flurbiprofen 15% Gabapentin 10% Menthol 2% Camphor 2%:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Compound drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain; compound creams

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details 'primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed.' The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, 'There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended.' MTUS states that the only FDA- approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. MTUS recommends topical capsaicin 'only as an option in patients who have not responded or are intolerant to other treatments.' There is no indication that the patient has failed oral medication or is intolerant to other treatments. Additionally, ODG states 'Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns.' Therefore, the request for Capsaicin 0.025% Flurbiprofen 15% Gabapentin 10% Menthol 2% Camphor 2% is not medically necessary.

Cyclobenzaprine 2% Flurbiprofen 25%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Compound drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain; compounded creams

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