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| Case Number: | CM15-0006242 | | |
| Date Assigned: | 01/26/2015 | Date of Injury: | 01/19/2001 |
| Decision Date: | 03/17/2015 | UR Denial Date: | 12/15/2014 |
| 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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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:

This 57 year old female sustained an industrial injury on 1/19/01 with subsequent low back pain. The injured worker underwent interbody fusion at L5-S1 and total disk replacement at L4-5 on 10/16/07. The injured worker complained of ongoing low back pain. In a PR-2 dated 12/8/14, the injured worker complained of continued sharp pain to the lumbar spine with radiation, numbness and tingling to the right lower extremity. The injured worker rated her pain at 8/10 on the visual analog scale limiting her daily activities by 10% of normal function. Physical exam was remarkable for lumbar spine with tenderness and spasm. Extension was 20 degrees. The injured worker showed 12 inches lacking from fingertips to floor. Sensory exam revealed decreased sensation to the 4th and 5th toes of the right foot. Straight leg raising test in the seated position produced pain bilaterally. Current diagnosis was herniated disk, lumbar spine. Work status was temporary total disability. The treatment plan included Doral 15 mg for insomnia, Colace, Valium 10 mg and Flurbiprofen 25% Menthol 10% Camphor 3% Capsacin 0.375% 120gm, continuing use of H-wave at home and continuing home exercise program. On 12/11/14, Utilization Review noncertified a request for Flurbiprofen 25% Menthol 10% Camphor 3% Capsacin 0.375% 120gm based on ODG guidelines on chronic pain subsection under medication - compound drugs. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25% Menthol 10% Camphor 3% Capsaicin 0.375% 120gm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation UpToDate: Camphor and menthol: Drug information Treatment Guidelines from the Medical Letter, April 1, 2013, Issue 128: Drugs for pain

Decision rationale: This medication is a topical analgesic containing flurbiprofen, menthol, camphor, and capsaicin. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). Flurbiprofen is recommended as an oral agent for the treatment of osteoarthritis and the treatment of mild to moderate pain. It is not recommended as a topical preparation. Camphor and menthol are topical skin products that available over the counter and used for the relief of dry itchy skin. Menthol and camphor are not recommended. Capsaicin is recommended only as an option in patients who have not responded or cannot tolerate other treatments. It is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain and is considered experimental in high doses. In this case there is no documentation that the patient has failed or been unable to tolerated other treatments. Capsaicin is not recommended. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended. The request should not be authorized.