

Case Number:	CM15-0007033		
Date Assigned:	01/26/2015	Date of Injury:	07/04/2012
Decision Date:	03/17/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/13/2015

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: Georgia

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:

This injured worker is a 63 year old female, who sustained an industrial injury on July 4, 2012. The injured worker had reported a back injury. She also reported a second injury on December 19, 2012. The injured worker reported low back pain, right leg pain, bilateral feet pain, psychiatric issues and headaches at that time. The diagnoses have included lumbar degenerative disc disease with herniation's, bilateral planter fasciitis, depression and low back pain with radiculopathy. Treatment to date has included pain medication, x-rays, morphine injection, physical therapy, transcutaneous electrical nerve stimulation unit, heat and ice treatment. Current documentation dated December 12, 2014 notes that the injured worker complained of constant low back pain radiating down the right leg and bilateral heel pain. The pain was rated an eight out of ten on the Visual Analogue Scale. She had difficulty with activities of daily living and reported difficulty with sleeping due to the pain. Physical examination of the lumbar spine revealed an antalgic gait and decreased range of motion. Straight leg raise was positive. Also noted was myospasms with myofascial trigger points and referred pain along the lumbosacral paraspinous bilaterally. Bilateral feet exam showed pain with deep palpation. Utilization Review references a physician's progress report dated December 8, 2014, which was difficult to read. On December 17, 2014 Utilization Review non-certified a request for compounded medications: Flurbuprofen 20%, Lidocaine 5%, Menthol 5 %, Camphor 1 % and Cyclobenzaprine 10%, Gabapentin 5%, Lidocaine 5% and Capsaicin 0.025%. The Official Disability Guidelines were cited. On January 13, 2015, the injured worker submitted an application for IMR for review of compounded medications: Flurbuprofen 20%, Lidocaine 5%,

Menthol 5 %, Camphor 1 % and Cyclobenzaprine 10%, Gabapentin 5%, Lidocaine 5% and Capsaicin 0.025 %.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Lidocaine 5%, Menthol 5%, Camphor 1%: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Flurbiprofen 20%, Lidocaine 5%, Menthol 5%, Camphor 1% is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended." Per CA MTUS, topical analgesics such as Flurbiprofen, is indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). Additionally, Per CA MTUS page 111 states that topical analgesics such as Lidocaine are " recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)." Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended; therefore, the compounded mixture is not medically necessary.

Cyclobenzaprine 10%, Gabapentin 5%, Lidocaine 5%, Capsaicin 0.025%: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Cyclobenzaprine 10%, Gabapentin 5%, Lidocaine 5%, Capsaicin 0.025% is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Per CA MTUS page 111 states that topical analgesics such as Lidocaine are " recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)." Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended; The patient was not diagnosed with Neuropathic pain

and there was lack documentation of diagnostic testing showing positive for neuropathic pain; therefore, the compounded mixture is not medically necessary.