

Case Number:	CM15-0130174		
Date Assigned:	07/16/2015	Date of Injury:	09/11/2006
Decision Date:	09/09/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/06/2015

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: Arizona, Michigan

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 41 year old male injured worker suffered an industrial injury on 9/11/2006. The diagnoses included chronic non-malignant pain of the lumbar spine and lumbosacral radiculopathy. The diagnostics included lumbar magnetic resonance imaging. The treatments included transforaminal epidural steroid injections and medications. On 3/3/2015 the treating provided reported chronic pain with radiation of the pain to the lower extremities with pain rated 5/10 without medications. On exam the injured worker was visibly uncomfortable and standing up from the chair was difficult. There were spasms and tenderness of the lumbar muscles along with limited range of motion. It was not clear if the injured worker had returned to work. The requested treatments included Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180gm and Cyclobenzaprine 2%, Flurbiprofen 25% 180gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription for Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics, compounded preparations Page(s): 111-113.

Decision rationale: Chronic Pain Medical Treatment Guidelines for Compounded topical analgesics stated that any compound product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. The documentation provided indicated Gabapentin was 1 of the ingredients in this compounded preparation. This medication is not recommended as a topical medication. Therefore Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180gm is not medically necessary.

One (1) prescription for Cyclobenzaprine 2%, Flurbiprofen 25% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics, compounded preparations Page(s): 111-113.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines for Compounded topical analgesics stated that any compound product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. The documentation provided indicated Cyclobenzaprine was 1 of the ingredients in this compounded preparation. This medication is not recommended as a topical medication. Therefore Cyclobenzaprine 2%, Flurbiprofen 25% 180gm is not medically necessary.