MAXIMUS Federal Services

Case Number:	CM15-0132089		
Date Assigned:	07/21/2015	Date of Injury:	12/02/2013
Decision Date:	09/22/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/08/2015

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: Texas, New York, California
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 applicant is a represented [redacted] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of December 2, 2013. In a Utilization Review report dated June 15, 2015, the claims administrator failed to approve requests for Tabradol, capsaicin, flurbiprofen, and menthol. The claims administrator referenced a progress note of February 11, 2015 in its determination. The applicant's attorney subsequently appealed. On April 24, 2015, the applicant reported ongoing complaints of low back and foot pain. Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, topical capsaicin, topical flurbiprofen, cyclobenzaprine, Neurontin, and multiple other agents were prescribed, including topical menthol. The attending provider stated that topical menthol was being employed for pain purposes. MRI imaging of lumbar spine, MRI imaging of the left and right foot, x-rays of the lumbar spine, x-rays of the feet, podiatry consultation, 18 sessions of physical therapy, 18 sessions of extracorporeal shock wave therapy, a TENS unit, and a hot and cold unit were endorsed while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tabradol (unspecified dose and quantity), for musculoskeletal conditions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation TABRADOL-DailyMeddailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid...Tabradol" (cyclobenzaprine hydrochloride 1 mg/mL, in oral suspension with MSM - compounding kit) When compounded according to directions, this kit.

Decision rationale: No, the request for Tabradol is not medically necessary, medically appropriate, or indicated here. As noted by the National Library of Medicine (NLM), Tabradol is an amalgam of cyclobenzaprine and MSM. However, page 113 of the MTUS Chronic Pain Medical Treatment Guidelines notes that muscle relaxants such as cyclobenzaprine are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound were not recommended, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. The attending provider's documentation and progress note of April 24, 2015, furthermore, seemingly suggested that the applicant was also given oral pharmaceuticals including Flexeril and Neurontin, seemingly obviating the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical compounds such as the agent in question. Therefore, the request is not medically necessary.

Capsaicin (unspecified dose and quantity) to relieve neuropathic pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28.

Decision rationale: Similarly, the request for topical capsaicin is likewise not medically necessary, medically appropriate, or indicated here. As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, topical capsaicin is recommended only as an option in applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's concomitant provision of what the MTUS Guideline in ACOEM Chapter 3, page 47 deems first-line oral pharmaceuticals such as Flexeril and gabapentin effectively obviated the need for topical capsaicin. Therefore, the request is not medically necessary.

Flurbiprofen (unspecified dose and quantity) for pain stiffness and swelling: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: The request for topical flurbiprofen, a topical NSAID, is likewise not medically necessary, medically appropriate, or indicated here. The applicant's primary pain generator here was the lumbar spine. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines states that there is "little evidence" to utilize topical NSAIDs such as topical flurbiprofen in the treatment of the spine, i.e., the primary pain generator here. The attending provider failed to furnish a clear or compelling rationale for usage of topical flurbiprofen for a body part for which there is little evidence to utilize it, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Menthol (unspecified dose and quantity) for aches and pains for inflammatory effects: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: Finally, the request for a menthol-containing topical compound is likewise not medically necessary, medically appropriate, or indicated here. As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics such as topical menthol are considered "largely experimental". Here, the applicant's concomitant usage of what the MTUS Guideline in ACOEM Chapter 3, page 47 deems first-line oral pharmaceuticals such as Flexeril and Neurontin effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the "largely experimental" topical menthol-containing agent in question. Therefore, the request is not medically necessary.