

Case Number:	CM15-0133837		
Date Assigned:	07/22/2015	Date of Injury:	05/21/2010
Decision Date:	08/19/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/10/2015

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 Jersey, New York
Certification(s)/Specialty: Family Practice

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 53 year old female who sustained an industrial injury on 5/21/10. The mechanism of injury was unclear. She complains of sharp lumbar spine pain with bilateral lower extremity pain with a pain level of 7/10; gastritis; constipation. He is able to perform activities of daily living. Medications were Ultracet, Miralax, Prilosec, Colace, and flurbiprofen/capsaicin/camphor/Menthol cream. Diagnoses include lumbar spine strain/ sprain with degenerative disc disease multilevel with L4-5 disc protrusions; right sacroiliitis; right hip sprain/ strain; coccydynia; gastritis; constipation due to chronic narcotic use for lumbar spine pain. Diagnostics were not provided. On 6/19/15 the treating provider requested flurbiprofen/ capsaicin/ camphor/ Menthol cream with three refills; Colace 100 mg, twice per day with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbi/Cap/Camp/Menthol Cream with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

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

Decision rationale: The request is medically unnecessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. The efficacy of topical NSAIDs is inconsistent in clinical trials. Effect seems to diminish after two weeks of treatment. It may be useful for chronic musculoskeletal pain but there are no long-term studies of its effectiveness or safety. Topical NSAIDs are not recommended for spinal conditions. Topical capsaicin has been useful with osteoarthritis, fibromyalgia, and chronic non-specific back pain. It is useful in patients whose pain is not controlled by conventional therapy. In the MTUS, there are no guidelines for the use of camphor. There are no guidelines for the use of menthol with the patient's spine complaints. Any compounded product that contains at least one drug that is not recommended is not recommended. Therefore, the request is considered not medically necessary.

Colace 100mg BID x 60 with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid-induced constipation treatment.

Decision rationale: The request is considered medically necessary. ODG guidelines were used as MTUS does not address Colace use. Colace is a stool softener. The patient has been on chronic opioid use which led to opioid-induced constipation which has been controlled by colace. The patient will continue on chronic opioids at this point and will require continued use of colace as needed. Therefore, the request is considered medically necessary at this time.