

Case Number:	CM15-0139631		
Date Assigned:	07/29/2015	Date of Injury:	03/29/2009
Decision Date:	08/26/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/20/2015

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: North Carolina

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 was a 34-year-old female, who sustained an industrial injury, March 29, 2009. The injured worker previously received the following treatments left hip MRI, left hips CT, pelvis CT, trigger point inject, left sympathetic chain for neurolysis, Norco, sympathetic block, topical cream flurbiprofen 25%, lidocaine 5%, menthol 10% camphor 3% and physical therapy. The injured worker was diagnosed with sacroiliac ligament sprain and strain, sciatic, lumbar spine herniated nucleus pulposus, low back syndrome, thoracic sprain and strain, hip arthritis and hip arthralgia. According to progress note of March 17, 2015, the injured worker's chief complaint was pain the in left thigh to the knee. The pain was described as burning sensation, tenderness with a little bit of weakness down to the toes. Thigh clothes or hot water aggravated the pain. The injured worker applied anti-inflammatory cream to help reduce the pain. The injured worker reports prolonged positioning aggravated the pain. The physical exam noted increased sensation of the left lower extremity. The straight leg raises were positive on the left. The treatment plan included Flurbiprofen 25%, Lidocaine 5%, Menthol 10 % and Camphor 3%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25%, Lidocaine 5%, Menthol 10%, Camphor 3%, quantity: 1: Upheld

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

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

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, "-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists," agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.