

Case Number:	CM15-0141763		
Date Assigned:	07/31/2015	Date of Injury:	03/08/2011
Decision Date:	08/31/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/21/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 50 year old male, who sustained an industrial injury on March 08, 2011. The injured worker reported being crushed at work causing injury to the back and leg. The injured worker was diagnosed as having lumbar discogenic syndrome, knee pain, reflex sympathetic dystrophy, infection, and left lumbar four nerve root injury. Treatment and diagnostic studies to date has included lumbar epidural steroid injections, home exercise program, medication regimen, electromyogram with nerve conduction velocity, and laboratory studies. In a progress note dated June 08, 2015 the treating physician reports complaints of back pain with radicular pain to the left leg with weakness. Examination reveals an abnormal gait, muscle weakness to the left calf, abnormal sensation, pain to the left leg, decreased range of motion to the lumbar spine, and pain with straight leg raises bilaterally. The injured worker's current medication regimen included Protonix, Vitamin D, Colace, Senokot, Celebrex, Norco, and Celebrex. The documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of the injured worker's current medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of his medication regimen. The treating physician requested the medication compound Flurbiprofen, Camphor, Menthol, Capsaicin, Ethyl compound cream with 30 day supply with a quantity of 360, but the documentation provided did not indicate the specific reason for the requested medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

**MED CMPD-Flurbipro, Camphor/Menthol, Capsaicin/Ethyl compound cream day supply:
30 Qty: 360 Rx Date 06/10/2015: 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 Page(s): 111-113 of 127.

Decision rationale: Regarding the request for topical medication, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use". Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments". Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested topical medication is not medically necessary.