

Case Number:	CM15-0161755		
Date Assigned:	08/27/2015	Date of Injury:	05/31/2007
Decision Date:	09/30/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/17/2015

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 is a 64 year old female, who sustained an industrial injury on 5-31-2007. Diagnoses have included lumbar discopathy, status post lumbar fusion with mechanical pain, lumbar radiculopathy and severe spinal stenosis. Treatment to date has included exercise, transcutaneous electrical nerve stimulation (TENS) and medication. According to the progress report dated 3-9-2015, the injured worker complained of aching pain in the low back and bilateral lower extremities. She was taking Hydrocodone. She was doing a regular exercise program. Exam of the lumbar spine revealed slight flattening of the lumbar lordosis. There was tenderness in the paraspinal musculature of the lumbar region. Lumbar range of motion was reduced. The injured worker's condition was permanent and stationary. Authorization was requested for retrospective request for Flurbiprofen 25%, 30gm-Menthol 10%, 12gm-Camphor 3% 3.6gm-Capsaicin 0.0375% 0.5gm-Ultraderm base 74.35gms (DOS: 3-11-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Flurbiprofen 25%, 30gm/Menthol 10%, 12gm/Camphor 3% 3.6gm/Capsaicin 0.0375% 0.5gm/Ultraderm base 74.35gms (DOS: 3/11/15): 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.

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 certified. Therefore, the requested treatment is not medically necessary.