

Case Number:	CM15-0182720		
Date Assigned:	09/23/2015	Date of Injury:	11/25/2012
Decision Date:	11/09/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/17/2015

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: 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 59-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 25, 2012. In a Utilization Review report dated August 25, 2015, the claims administrator failed to approve a request for flurbiprofen-capsaicin containing cream. The claims administrator referenced an August 12, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On June 18, 2015, the applicant was placed off of work, on total temporary disability, while tramadol, a topical compounded cream, Protonix, and Norco were endorsed. The note was very difficult to follow and not altogether legible. Multifocal complaints of low back and knee pain were reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/ Capsaicin in Kn oil 10 percent/ 0.025 percent liquid #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: No, the request for a flurbiprofen-containing topical compounded cream was not medically necessary, medically appropriate, or indicated here. As noted in the attending provider's handwritten June 18, 2015, office visit, one of the applicant's primary pain generators was the lumbar spine. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that there is "little evidence" to utilize topical NSAIDs such as flurbiprofen for treatment of the spine, hip and/or shoulder. The flurbiprofen ingredient in the compound, thus, was not recommended. In a similar vein, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that topical capsaicin, i.e., the secondary ingredient in the compound, is not recommended except as a last-line agent, for applicants who have not responded to or are intolerant to other treatments. Here, however, the applicant's concomitant usage of numerous first-line oral pharmaceuticals to include Norco effectively obviated the need for capsaicin component in the compound. 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. Therefore, the request was not medically necessary.