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| Case Number: | CM15-0188253 | | |
| Date Assigned: | 09/30/2015 | Date of Injury: | 11/20/2012 |
| Decision Date: | 11/09/2015 | UR Denial Date: | 09/01/2015 |
| Priority: | Standard | Application Received: | 09/24/2015 |

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: Arizona, California

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 54 year old male, who sustained an industrial-work injury on 11-20-12. He reported initial complaints of low back and groin pain. The injured worker was diagnosed as having degeneration of lumbar and lumbosacral intervertebral disc disease, lumbar spine myofascial sprain-strain, spondylosis, radiculopathy, sacroiliac joint arthritis and sacroiliac joint sprain. Treatment to date has included medication, diagnostics, and surgery (inguinal repair). MRI results were reported on 3-27-14 of the lumbar spine that revealed L4-5 5 mm left sided disc protrusion, left lateral recess stenosis, bilateral foraminal stenosis, greater on left, 3 mm focal left sided disc protrusion, L3-4 3 mm disc bulge, bilateral foraminal stenosis, greater on left, multilevel degenerative facet arthropathy, and mild scoliosis. Currently, the injured worker complains of lumbosacral pain rated 6 out of 10 with bilateral lower extremity radicular pain and tingling. There is also bilateral groin pain. There was no functional change from last visit. Work had modified duty. Per the primary physician's progress report (PR-2) on 8-20-15, exam noted an antalgic gait. On 7-7 15, exam noted difficulty with standing, erect posture, antalgic gait, and stiffness with movement. The Request for Authorization requested service to include Compound: Flurbiprofeni/Menthol/Capsaicin/Camphor cream. The Utilization Review on 9-1-15 denied the request for Compound: Flurbiprofeni/Menthol/Capsaicin/Camphor cream, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Flurbiprofeni/Menthol/Capsaicin/Camphor cream: 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: According to the MTUS guidelines, topical analgesics are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long-term use is not indicated. There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. The Flurbiprofen is not medically necessary. In addition, the claimant was using oral opioids for pain as well. Since the compound above contains these topical medications, the Flurbiprofeni/Menthol/Capsaicin/Camphor cream is not medically necessary.