

Case Number:	CM15-0201307		
Date Assigned:	10/16/2015	Date of Injury:	02/13/2008
Decision Date:	12/03/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/13/2015

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: Emergency 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 injured worker is a 44 year old female, who sustained an industrial injury on February 13, 2008. The injured worker was diagnosed as having cervical spine sprain and strain with numbness and tingling to the bilateral upper extremities, bilateral shoulder sprain and strain with impingement syndrome, lumbar spine sprain and strain with radiculopathy to the bilateral lower extremities, and bilateral knee sprain and strain. Treatment and diagnostic studies to date has included magnetic resonance imaging of the bilateral knees, magnetic resonance imaging of the lumbar spine, and magnetic resonance imaging of the cervical spine. In a progress note dated September 01, 2015 the treating physician reports complaints of constant, pressure to the cervical spine that radiates to the bilateral shoulder with numbness and tingling; constant, tightness to the lumbar spine; intermittent, aching pain to the bilateral knees with popping, clicking, and giving out. The progress note on September 01, 2015 noted that the injured worker's examination was unchanged from prior visit. The progress note from September 01, 2015 did not include the injured worker's current medication regimen, but noted the discontinuation of all other medications by primary treating physician. The injured worker's pain level on September 01, 2015 to the cervical spine was rated a 6 out of 10, the pain level to the bilateral shoulders was rated a 7 out of 10, the pain level to the lumbar spine was rated an 8 out of 10, and the pain level to the bilateral knees was rated a 4 out of 10, but the progress note did not indicate the injured worker's pain level prior to and after use of her medication regimen to determine the effects of the injured worker's medication regimen. On September 01, 2015 the treating physician requested the medications of Flurbi-Menthol-Caps-Camph cream with a quantity of 60 times one refill and Cyclo-Tramadol cream times one refill, but the progress note

did not indicate the specific reasons for the requested medications. On September 17, 2015 the Utilization Review denied the requests for Flurbi-Menthol-Caps-Camph cream with a quantity of 60 times one refill and Cyclo-Tramadol cream times one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbi-Menthol-Caps-Camph cream #60 times one refill: Upheld

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

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

Decision rationale: As per MTUS guidelines "Any compound product that contains a drug or drug class that is not recommended is not recommended." 1) Flurbiprofen: Topical NSAIDs are shown to be superior to placebo. It should not be used long term. It may be useful. Flurbiprofen is not FDA approved for topical application. There is no justification by the provider as to why the patient requires a non-FDA approved compounded NSAID when there are multiple other approved products including over the counter medications on the market. Flurbiprofen is not medically necessary. 2) Capsaicin: Data shows efficacy in muscular skeletal and neuropathic pain and may be considered if conventional therapy is ineffective. There is no documentation of treatment failure. It is not recommended due to no documentation of prior treatment failure or effectiveness. 3) Menthol/Camphor: No information available. May provide some topical soothing effect. Not a single component is recommended. The request is not medically necessary.

Cyclo/Tramadol cream times one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical.

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

Decision rationale: As per MTUS guidelines "Any compound product that contains a drug or drug class that is not recommended is not recommended." 1) Cyclobenzaprine: Cyclobenzaprine is an oral muscle relaxant. It is not FDA approved for topical application. MTUS guidelines do not recommend topical use. It is not medically recommended or appropriate. 2) Tramadol: Tramadol is only FDA approved for oral use and is not approved for topical application. There is no evidence to support its use topically. This compounded product does not have a single recommended component. It is not medically necessary.

