

Case Number:	CM15-0088075		
Date Assigned:	05/12/2015	Date of Injury:	09/14/1998
Decision Date:	06/11/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/07/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 65 year old male, who sustained an industrial injury on September 14, 1998. The injured worker was diagnosed as having lumbago, lumbar arthrodesis and right ankle sprain. Treatment and diagnostic studies to date have included X-rays, lumbar fusion and medication. A progress note dated March 18, 2015 provides the injured worker complains of chronic back pain radiating to legs with numbness and tingling. He reports urinary and bowel incontinence. He rates the pain 8/10. Physical exam notes tenderness and spasm on palpation with decreased range of motion (ROM). There is numbness and tingling of the thigh, leg and foot. There is a request for Flurbiprofen/capsaicin patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/capsaicin (patch) 10%, 0.025 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no clear evidence that the patient failed or was intolerant to first line of oral pain medications. There is no documentation that all component of the prescribed topical analgesic is effective for the treatment of chronic pain. Flurbiprofen is not recommended by MTUS guidelines. Therefore, Flurbiprofen/capsaicin (patch) 10%, 0.025 #120 is not medically necessary.