

Case Number:	CM13-0031942		
Date Assigned:	12/04/2013	Date of Injury:	03/29/2002
Decision Date:	02/10/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Disease and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 50-year-old female who reported an injury on 03/29/2002. The patient's current diagnoses include chronic pain syndrome and postlaminectomy syndrome. It was noted that she has failed all conservative treatments; however, these treatments were not specified. She rated her pain as a 7/10 and reports controlling this pain with the use of opioids. She most recently had a trial of an electrical neurostimulator that allowed her to successfully decrease her medication usage. The only imaging study provided for review was a computed tomography of the lumbar spine on 12/18/2012. This reported confirmation of instrumentation and fixation at L5-S1 with disc bulges at L4-5 and L3-4 with mild central canal stenosis and minimal facet arthropathy. There was no discussion regarding the patient's past surgical interventions, nor was there discussion on the permanent placement of a neurostimulator. 

IMR ISSUES, DECISIONS AND RATIONALES

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

One Flurbiprofen 20% with Lidocaine 5%, Menthol 5%, Camphor 5% Capsaicin 0.025% Cream 10gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) Guidelines recommend topical analgesics in the treatment of neuropathic and osteoarthritic pain. Guidelines also state that any compounded product that contains at least 1 drug that is not recommended deems the entire product not recommended. The current compounded cream request includes lidocaine 5%. Guidelines state that lidocaine can only be used in a dermal patch formulation; no creams, lotions or gels are approved for use. As this medication is a cream, the formulation of lidocaine included therein is not approved for use. As such, the request for 1 flurbiprofen 20% with lidocaine 5%, menthol 5%, camphor 5%, capsaicin 0.025% cream 10 gm between 08/06/2013 and 08/06/2013 is non-certified.

One Tramadol 15% with Dextromethorphan 10% and Capsaicin 0.025% Lipobase Cream 30gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) Guidelines recommend topical analgesics in the treatment of neuropathic and osteoarthritic pain. Guidelines also state that any compounded product that contains at least 1 drug that is not recommended deems the entire product not recommended. Currently, guidelines do not recommend the use of tramadol in any other formulation than oral; there was also not enough current evidence to support the use of topical dextromethorphan in treating chronic pain. As such, the request for tramadol 15% with dextromethorphan 10% and capsaicin 0.025% LipoBase cream 30 gm between 08/06/2013 and 08/06/2013 is non-certified.