

Case Number:	CM14-0110845		
Date Assigned:	08/01/2014	Date of Injury:	06/09/2012
Decision Date:	10/03/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/16/2014

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. The expert reviewer is Board Certified in Family Medicine, 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 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/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:

This is a 51-year-old female patient who reported an industrial injury to the low back on 6/9/2012, over two (2) years ago, attributed to the performance of her usual and customary job tasks. The patient complained of lower back pain radiating to the right lower extremity. The objective findings on examination included limited range of motion of the lumbar spine secondary to pain; sensation intact; orthopedic testing was negative. The patient was diagnosed with lumbar spine sprain/strain with radiculitis, chronic pain, lumbar spine DDD, insomnia, stress, depression. The treatment plan included continued chiropractic treatment, acupuncture, psychological consultation, and compounded topical creams were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

240 grams of Capsaicin 0.25%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, and Camphor 2%: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 49,Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines,Pain Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Topical Analgesics; Anti-Inflammatory Medications Page(s): 112-113; 22, 67-68. Decision based on Non-MTUS Citation

Official Disability Guidelines (ODG) Pain Chapter-Topical Analgesics; Topical Analgesics Compounded

Decision rationale: The prescription for compounded topical cream Capsaicin 0.25%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, and Camphor 2% 240 GM is not medically necessary for the treatment of the patient for pain relief for the orthopedic diagnoses of the patient. There is no clinical documentation submitted to demonstrate the use of the topical gels for appropriate diagnoses or for the recommended limited periods of time. It is not clear that the topical compounded medications are medically necessary in addition to prescribed oral medications. There is no provided subjective/objective evidence that the patient has failed or not responded to other conventional and recommended forms of treatment for relief of the effects of the industrial injury. Only if the subjective/objective findings are consistent with the recommendations of the ODG, then topical use of topical preparations is only recommended for short-term use for specific orthopedic diagnoses. There is no provided rationale supported with objective evidence to support the prescription of the topical compounded cream. There is no documented efficacy of the prescribed topical compounded analgesics with any assessment of functional improvement. The patient is stated to have reduced pain with the topical creams, however, there is no functional assessment, and no quantitative decrease in pain documented. The use of topical NSAIDS is documented to have efficacy for only 2-4 weeks subsequent to injury and thereafter is not demonstrated to be as effective as oral NSAIDs. There is less ability to control serum levels and dosing with the topical. The patient is not demonstrated to have any GI issue at all with NSAIDS. There is no demonstrated medical necessity for topical NSAIDs for chronic pain for a prolonged period of time. The request for the topical NSAID compounded topical cream Capsaicin 0.25%, Flurbiprofen 15%, Tramadol 15%, Menthol 2% and Camphor 2% 240 GM is not medically necessary for the treatment of the patient for the diagnosis of the chronic pain to the lower back pain.