

Case Number:	CM14-0122032		
Date Assigned:	09/16/2014	Date of Injury:	09/12/2007
Decision Date:	10/16/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	08/01/2014

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 Physical Medicine & Rehabilitation 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:

The injured worker is a 49-year-old female who has submitted a claim for lumbar spine strain with radiculitis associated with an industrial injury date of 9/12/2007. Medical records from 12/3/2013 up to 3/20/2014 were reviewed showing ongoing symptoms of low back pain. Physical examination revealed that the patient is ambulating with a slow gait. She appeared to be in a fair amount of pain. There was increased tenderness and limited ROM over the lumbar region. She has ongoing positive bilateral straight leg raises. Heel/toe walk attempts clearly produced increased back pain and appeared to be weak. Treatment to date has included transdermal medications, Tylenol with Codeine, and Omeprazole. Utilization review from 7/2/2014 denied the request for Flurbiprofen 25% lidocaine 10% 240gm, DOS 01232014 and Capsaicin 0.025%/Flurbiprofen 15%/Tramadol 15%/Menthol 2%/Camphor 2% 240gm DOS 01232014. In regards to topical Capsaicin, it is only recommended as an option in patients who have not responded to or who are intolerant to other treatments. For lidocaine, only the patch form is recommended for neuropathic pain. In regards to flurbiprofen, it is not recommended as a topical analgesic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25% lidocaine 10% 240gm, DOS 01232014: 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 Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA, Tetracaine cream

Decision rationale: Pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. In addition, there is little to no research as for the use of flurbiprofen in compounded products. The Food and Drug Administration (FDA) has approved lidocaine/tetracaine cream for local analgesia, however, only for superficial aesthetic procedures. In this case, the patient has been using this compound cream since 1/23/2014. There was no documentation of pain relief or functional improvement. In addition, the cream contains Flurbiprofen and lidocaine which are both not recommended as topical analgesics. Therefore, the request for Flurbiprofen 25% lidocaine 10% 240gm is not medically necessary.

Capsaicin 0.025%/Flurbiprofen 15%/Tramadol 15%/Menthol 2%/Camphor 2% 240gm DOS 01232014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin page; Topical analgesics Page(s): 28; 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates

Decision rationale: Pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Flurbiprofen and Tramadol are not recommended as topical analgesics. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the Official Disability Guidelines (ODG) Pain Chapter issued an Food and Drug Administration (FDA) safety warning which identifies rare cases of serious burns that have been reported to occur on the skin where menthol or capsaicin were applied. The guidelines do not address camphor. In this case, the patient was prescribed compound cream on 1/23/2014. There was no documentation of pain relief or functional improvement from use. In addition, there was no evidence that the patient is intolerant to other treatments to warrant the use of Capsaicin. Moreover, the compound contains Flurbiprofen and Tramadol which are both not recommended as topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for Capsaicin 0.025%/Flurbiprofen 15%/Tramadol 15%/Menthol 2%/Camphor 2% 240gm DOS 01232014 is not medically necessary.