

Case Number:	CM14-0211236		
Date Assigned:	12/24/2014	Date of Injury:	02/05/2003
Decision Date:	02/17/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/17/2014

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 Internal 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:

The injured worker (IW) is a 75-year-old woman with a date of injury of February 5, 2003. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are lumbar discopathy with disc displacement, status post lumbar fusion and failed back surgery; lumbar radiculopathy; and bilateral sacroiliac arthropathy. Pursuant to a progress note dated November 3, 2014, the IW is status post removal of a pulse generator for her dorsal column stimulator. She complains of some pain over the surgical site. The IW was last provided 15 gram and 60 gram Cyclobenzaprine 10%-Tramadol 10% topical cream on September 29, 2014. Physical examination reveals tender ness in the lumbar paraspinal musculature. There is decreased range of motion secondary to pain and stiffness. Motor strength is 5/5 in the upper and lower extremities bilaterally. The IW has been instructed to continue medications and apply topical creams as directed. The current request is for Flurbiprofen 25%, Menthol 10%, Camphor 3%, and Capsaicin 0.0375% cream 30 grams 120 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25%/Menthol 10%/Camphor 3%/Capsaicin 0.0375% cream 30gms: 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 Official Disability Guidelines (ODG); Pain Section, Topical Analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flurbiprofen 25%, Menthol 10%, Camphor 3%, Capsaicin 0.0375% cream 30 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants anticonvulsants to fail. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin 0.0375% is not recommended. Flurbiprofen is not FDA approved for topical use. There have been no studies of 0.0375% formulation of Capsaicin and there is no current indication this increase over 0.025% would provide any further efficacy. In this case, the injured worker's working diagnoses are lumbar discopathy with disk displacement, status post lumbar fusion and failed back syndrome; lumbar radiculopathy; and bilateral sacroiliac arthropathy. Capsaicin 0.0375% is not recommended. Flurbiprofen is not FDA approved for topical use. Any compounded product that contains at least one drug (Topical Flurbiprofen and capsaicin 0.0375%) that are not recommended are not recommended. Consequently, Flurbiprofen 25%, menthol 10%, Camphor 3%, Capsaicin 0.0375% cream is not recommended. Based on the clinical information in the medical record and the evidence-based guidelines, Flurbiprofen 25%, Menthol 10%, Camphor 3%, Capsaicin 0.0375% cream 30g is not medically necessary.

Flurbiprofen 25%/Menthol 10%/Camphor 3%/Capsaicin 0.0375% cream 120gms: 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 Official Disability Guidelines (ODG); Pain Section, Topical Analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flurbiprofen 25%, menthol 10%, camphor 3%, and capsaicin 0.0375% cream 120 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants anticonvulsants to fail. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin 0.0375% is not recommended. Flurbiprofen is not FDA approved for topical use. There have been no studies of 0.0375% formulation of Capsaicin and there is no current indication this increase over 0.025% would provide any further efficacy. In this case, the injured worker's working diagnoses are lumbar discopathy with disk displacement, status post lumbar fusion and failed back syndrome; lumbar radiculopathy; and bilateral sectoral iliac arthropathy. Capsaicin 0.0375% is not recommended. Flurbiprofen is not FDA approved for topical use. Any compounded product that contains at least one drug (Topical Flurbiprofen and capsaicin 0.0375%) that are not recommended are not recommended. Consequently, Flurbiprofen 25%, Menthol 10%, Camphor 3%, Capsaicin 0.0375% cream is not recommended. Based on the

clinical information in the medical record and the evidence-based guidelines, Flurbiprofen 25%, Menthol 10%, Camphor 3%, Capsaicin 0.0375% cream 120 g is not medically necessary.