

Case Number:	CM15-0018187		
Date Assigned:	02/06/2015	Date of Injury:	05/03/2013
Decision Date:	03/25/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/30/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 69 year old female, who sustained an industrial injury on 05/03/2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include cervical spine disc protrusion, cervical spine sprain/strain, lumbar disc protrusion, and lumbar spine sprain/ strain. Treatment to date has included medication regimen, use of cold unit and interferential unit, acupuncture, physical therapy, status post percutaneous epidural decompression neuroplasty of the lumbosacral nerve roots with lumbar facet blocks, status post percutaneous epidural decompression neuroplasty of the cervical nerve roots, laboratory studies, magnetic resonance imaging of the left knee, magnetic resonance imaging of the right knee, magnetic resonance imaging of the cervical spine, and magnetic resonance imaging of the lumbar spine. In a progress note dated 09/30/2014 the treating provider reports a dull to sharp pain to the back that is rated a five out of ten, bilateral knee and ankle pain that is rated a six out of ten, and complaints of abdominal pain. The documentation provided did not contain the current requested treatment for Menthol/Camphor/Versapro/Capsaicin/Flurbiprofen. On 12/30/2014 Utilization Review non-certified the requested treatment of Menthol/Camphor/Versapro/Capsaicin/Flurbiprofen 180gm, noting the California Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines, effective 07/18/2009, pages 111-113.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthol/camphor/versapro/capsaicin/flurbiprofen 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains multiple ingredients such as menthol which are not recommended for topical use per the California MTUS. When a compound contains one ingredient that is not recommended, the entire compound is not recommended per the California MTUS. Therefore the request is not certified.