

Case Number:	CM15-0125361		
Date Assigned:	07/09/2015	Date of Injury:	06/11/2007
Decision Date:	08/05/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/29/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 63 year old male, who sustained an industrial injury on 6/11/2007. He reported pain in his neck and lower back from a motor vehicle accident. Diagnoses have included lumbar discogenic disease, status post L4-L5 and L5-S1 laminectomy. Treatment to date has included lumbar surgery and medication. According to the progress report dated 4/20/2015, the injured worker complained of low back pain with radiation into his right leg. He described severe, burning pain in his lower back when sitting or standing longer than an hour. Exam of the lumbar spine revealed pain with range of motion. There was decreased sensation on the right in the L4 nerve distribution. The injured worker was retired. It was noted that topical cream provided transdermal relief and allowed the injured worker to function without being overly sleepy. Authorization was requested for Flurbiprofen/Cyclobenzaprine/Capsaicin/Menthol/Camphor (Transdermal Compound) 120ml DOS 4-21-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flur/Cyclo/Cap/Menth/Camph (Transdermal Compound) 120ml DOS 4-21-15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The topical analgesic contains flurbiprofen not recommended by MTUS as a topical analgesic. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Therefore, the retrospective request for Flur/Cyclo/Cap/Menth/Camph (Transdermal Compound) 120ml is not medically necessary.