

Case Number:	CM15-0172418		
Date Assigned:	09/14/2015	Date of Injury:	10/30/2014
Decision Date:	10/14/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 38 year old male injured worker suffered an industrial injury on 10-30-2014. The diagnoses included lumbar herniated disc and lumbar radiculopathy. On 8-11-2015 the treating provider reported low back and bilateral lower extremity pain. The pain was constant, left worse than right with numbness and tingling down the bilateral lower extremities to the ball of the feet rated 4 out of 10 to 6 out of 10. On exam the lumbar spine had reduced range of motion with decreased lower extremity sensation along with positive straight leg raise. Prior treatments included chiropractic therapy, acupuncture and medication. The diagnostics included lumbar magnetic resonance imaging 12-23-2014 and electromyography studies. The Utilization Review on 8-26-2015 determined non-certification for Capsaicin 0.0375%/Tramadol 7%/ketamine 10%/Menthol 2%/Camphor 2%/cream 240gm and Flurbiprofen 15%/Buprenorphine 0.1%/naloxone 0.025% cream 240gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Capsaicin 0.0375%/Tramadol 7%/ketamine 10%/Menthol 2%/Camphor 2%/cream 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The claimant sustained a work injury in October 2014 and is being treated for neck, low back, and right shoulder pain. When seen, he was having constant moderate aching pain. Physical examination findings included decreased right shoulder strength and a mildly antalgic gait. There was decreased cervical and lumbar spine range of motion with muscle spasms. There was decreased right shoulder range of motion with tenderness, spasms, and positive impingement testing. There was left sacroiliac joint and lumbar paraspinal muscle tenderness with positive left Fabere and straight leg raising. Topical compounded creams were prescribed. He was referred for physical therapy. Many agents are compounded as monotherapy or in combination for pain control such as opioids antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, GABA agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little to no research to support the use of many these agents including tramadol. Topical ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted and has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia. In this case, the claimant does not have a diagnosis of CRPS or post-herpetic neuralgia. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component, therefore is not medically necessary.

1 Prescription of Flurbiprofen 15%/Buprenorphine 0.1%/naloxone 0.025% cream 240gm:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The claimant sustained a work injury in October 2014 and is being treated for neck, low back, and right shoulder pain. When seen, he was having constant moderate aching pain. Physical examination findings included decreased right shoulder strength and a mildly antalgic gait. There was decreased cervical and lumbar spine range of motion with muscle spasms. There was decreased right shoulder range of motion with tenderness, spasms, and positive impingement testing. There was left sacroiliac joint and lumbar paraspinal muscle tenderness with positive left Fabere and straight leg raising. Topical compounded creams were prescribed. He was referred for physical therapy. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. In this case, there is no evidence

that the claimant has failed a trial of topical diclofenac. Many agents are compounded as monotherapy or in combination for pain control such as opioids antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, GABA agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little to no research to support the use of many these agents including buprenorphine and naloxone. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. The requested medication was not medically necessary.