

Case Number:	CM15-0173940		
Date Assigned:	10/07/2015	Date of Injury:	10/18/2004
Decision Date:	11/18/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/03/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 44 year old male who sustained an industrial injury on 10-18-2004. A review of medical records indicates the injured worker is being treated for lumbar discopathy with disc displacement and lumbar radiculopathy. Medical records dated 8-9-2015 noted low back pain radiating down to the left leg. Low back pain is aggravated by bending, twisting, and lifting heavy objects. Pain has increased over the past several months. Medications are helpful in alleviating some of the pain. Physical examination noted tenderness to palpation over the lumbar paraspinal musculature. There was decreased range of motion secondary to pain and stiffness. Treatment has included Tylenol #4 and Motrin since 7-2015 and Flurbiprofen 25%-Menthol 10%-Camphor 3%-Capsaicin 0.0375% since 9-26-2014. Utilization review form noncertified 30gm Flurbiprofen 25%-Menthol 10%-Camphor 3%-Capsaicin 0.0375% and 60gm Flurbiprofen 25%-Menthol 10%-Camphor 3%-Capsaicin 0.0375%.

IMR ISSUES, DECISIONS AND RATIONALES

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

30gm Flurbiprofen 25% Menthol 10% Camphor 3% Capsaicin 0.0375% topical cream:
 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 patient presents with low back pain radiating to the left lower extremity. The request is for 30gm flurbiprofen 25% menthol 10% camphor 3% capsaicin 0.0375% topical cream. Physical examination to the lumbar spine on 07/02/15 progress report revealed tenderness to palpation to the paraspinal musculature. There was decreased range of motion secondary to pain and stiffness. Supine straight leg raising test was positive at 20 degrees in the left lower extremity. Per 08/09/15 progress report, patient's diagnosis includes lumbar radiculopathy with disc displacement, and lumbar radiculopathy. Patient's medications, per 08/19/15 progress report include Lunesta, Prilosec, Ultram, Tylenol #4, Motrin, and compound cream. Per 09/11/15 progress report, patient has been instructed to remain off work. MTUS Chronic Pain Medical Treatment Guidelines 2009, page 111, Topical Analgesic section has the following: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. MTUS further states, "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide and further efficacy." The treater has not discussed this request. Review of the medical records provided indicate that the patient has been utilizing this medication since at least 12/06/14. However, the treater has not documented the efficacy of this medication in terms of pain reduction and functional improvement. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. Furthermore, MTUS page 111 states that if one of the compound topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Capsaicin at 0.0375%, which exceeds guideline's recommended concentration. This request is not in accordance with guideline indications. Therefore, the request is not medically necessary.

60gm Flurbiprofen 25% Menthol 10% Camphor 3% Capsaicin 0.0375% topical cream:
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 patient presents with low back pain radiating to the left lower extremity. The request is for 60gm flurbiprofen 25% menthol 10% camphor 3% capsaicin 0.0375% topical cream. Physical examination to the lumbar spine on 07/02/15 progress report revealed tenderness to palpation to the paraspinal musculature. There was decreased range of motion secondary to pain and stiffness. Supine straight leg raising test was positive at 20 degrees in the left lower extremity. Per 08/09/15 progress report, patient's diagnosis includes lumbar radiculopathy with disc displacement, and lumbar radiculopathy. Patient's medications, per 08/19/15 progress report include Lunesta, Prilosec, Ultram, Tylenol #4, Motrin, and compound cream. Per 09/11/15 progress report, patient has been instructed to remain off work. MTUS Chronic Pain Medical Treatment Guidelines 2009, page 111, Topical Analgesic section has the following: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. MTUS further states, "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide and further efficacy." The treater has not discussed this request. Review of the medical records provided indicate that the patient has been utilizing this medication since at least 12/06/14. However, the treater has not documented the efficacy of this medication in terms of pain reduction and functional improvement. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. Furthermore, MTUS page 111 states that if one of the compound topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Capsaicin at 0.0375%, which exceeds guideline's recommended concentration. This request is not in accordance with guideline indications. Therefore, the request is not medically necessary.