

Case Number:	CM15-0179556		
Date Assigned:	09/21/2015	Date of Injury:	01/22/2014
Decision Date:	10/23/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/11/2015

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 injured worker is a 51 year old male who sustained an industrial injury on 01-22-2014. The injured worker was diagnosed with lumbar degenerative disc disease, lumbar spondylosis and right knee pain. The injured worker is status post right knee surgery on August 19, 2014. According to the treating physician's progress report on July 28, 2015, the injured worker continues to experience low back pain with radiating burning pain to the right lower extremity and no improvement with recent lumbar epidural steroid injection. Evaluation noted an abnormal toe to heel walk on the right due to pain and a weight of 255 pounds. Examination demonstrated tenderness over the lumbar paraspinal muscles and midline area. Range of motion noted spasm with flexion at 60 degrees, extension at 30 degrees, bilateral lateral tilt and rotation at 40 degrees. Motor strength was documented as 4 out of 5 on the right quadriceps, tibialis anterior, extensor hallucis longus muscle and gastrocnemius. Sensation to light touch on the right L3, L4, L5 and S1 was decreased. There was a positive straight leg raise on the right at 40 degrees and positive axial loading test. Prior treatments documented to date have included diagnostic testing with recent electrodiagnostic studies in April 2015, physical therapy, chiropractic therapy, bilateral translaminar L5-S1 epidural steroid injection performed on March 9, 2015 according to the to the procedure report (not beneficial) and medications. Current medications were listed as Motrin, Omeprazole and topical analgesics. Treatment plan consists of discontinuing Norco due to sleepiness, spinal cord stimulator (SCS) trial and the current request for compound topical medications. On 08/17/2015 the Utilization Review non-certified the request for Compound cream: Flurbiprofen 10%, Capsaicin 0.05%, Menthol 5%, Camphor 5% 180 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream: Flurbiprofen 10%, Capsaicin 0.05%, Menthol 5%, Camphor 5% 180 gm: 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 January 2014 and is being treated for radiating low back pain into the right lower extremity. He also has a history of right knee surgery in August 2014. When seen, there had been no improvement after a lumbar epidural steroid injection. Physical examination findings included lumbar tenderness with decreased right lower extremity strength, sensation, and reflex responses and positive right straight leg raising. There was decreased lumbar range of motion with muscle spasms. Medications were prescribed including topical compounded cream and oral Motrin. 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. Menthol is an ingredient in common over-the-counter products used to relieve pain. Studies have shown that the application of topical menthol is more effective than ice in decreasing pain and allows for greater muscle contraction strength. These medications work by providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. MTUS addresses the use of capsaicin which is recommended as an option in patients who have not responded or are intolerant to other treatments. It is indicated in patients with conditions that include osteoarthritis, fibromyalgia, and chronic non-specific back pain. Guidelines also recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the 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 claimant is also taking oral ibuprofen and prescribing another NSAID medication is duplicative. The requested compounded medication is not considered medically necessary.