

Case Number:	CM15-0073122		
Date Assigned:	04/23/2015	Date of Injury:	08/31/2011
Decision Date:	05/26/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/16/2015

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: 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:

This 46 year old male sustained an industrial injury on 8/31/11. He subsequently reported back injury and pain. Diagnoses include low back pain, lumbar disc displacement, lumbar radiculopathy and postlaminectomy syndrome of lumbar region. Treatments to date have included MRI and nerve conduction studies, surgery, injections, physical therapy and prescription pain medications. The injured worker continues to experience low back, bilateral upper extremity pain as well as anxiety and depression. A request for Compound Spray Flurbiprofen 10% Capsaicin 0.25% (no scent) 120 mls medication was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Spray Flurbiprofen 10% Capsaicin 0.25%(no scent) 120 mls: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Flurbiprofen, Capsaicin.

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

Decision rationale: This patient receives treatment for chronic low back pain, which relates back to a work-related injury dated 08/31/2011. The medical diagnoses include lumbar disc disease and post-laminectomy syndrome. This review addresses a request for a compounded, topical analgesia spray. Topical analgesics are considered experimental in use, because clinical trials have failed to show efficacy. In addition, if a compounded product contains at least one drug or drug class that is not recommended, then that compounded product cannot be recommended. Flurbiprofen is an NSAID. None of the NSAIDs are recommended to treat chronic pain in their topical form. Capsaicin may benefit some patients with osteoarthritis, fibromyalgia, and non-specific back pain, if they have failed other modalities. Based on the fact that this compounded product contains an NSAID, this spray is not medically necessary.