

Case Number:	CM15-0097639		
Date Assigned:	05/28/2015	Date of Injury:	08/15/2013
Decision Date:	07/01/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/20/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 (IW) is a 57-year-old female who sustained an industrial injury on 08/15/2013. Diagnoses include lumbar degenerative disc disease, lumbagoright elbow medial epicondylitis and sacroiliac joint pain. Treatment to date has included medications, activity modification, topical anti-inflammatory gel, right elbow cortisone injections, chiropractic treatment, epidural steroid injections and physical therapy. According to the Orthopedic Follow-Up Report dated 3/20/15, the IW reported dull, sharp, burning pain in the lower back rated 4 to 10/10. On examination, range of motion was decreased in the lumbar spine and straight leg raise was negative to 90 degrees bilaterally. A request was made for pharmacy purchase of compounds: Flurbiprofen 25%/Menthol 10%/Capsaicin 0.0375%/Camphor 3%, 30gms and Flurbiprofen 25%/Menthol 10%/Capsaicin 0.0375%/Camphor 3%, 120gms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of compound: Flurbiprofen 25%/Menthol 10%/Capsaicin .0375%/Camphor 3% 30gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 111-113.

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

Decision rationale: The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. The requested medication is a compound containing medications in the general pain reliever and non-steroidal anti-inflammatory (NSAID) classes. The MTUS Guidelines recommend topical NSAIDs to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because benefit decreases with time. It is specifically not recommended for use at the spine, hip, or shoulder areas. Diclofenac 1% is the medication and strength approved by the FDA. Topical capsaicin is recommended by the Guidelines at a 0.025% concentration for pain due to osteoarthritis. Topical menthol is not recommended by the MTUS Guidelines. The Guidelines are silent as to the use of topical camphor, and the literature does not support its use. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for 30g of a compound containing flurbiprofen 25%, menthol 10%, camphor 3%, and capsaicin 0.0375% is not medically necessary.

Pharmacy purchase of compound: Flurbiprofen 25%/Menthol 10%/Capsaicin .0375%/Camphor 3% 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. The requested medication is a compound containing medications in the general pain reliever and non-steroidal anti-inflammatory (NSAID) classes. The MTUS Guidelines recommend topical NSAIDs to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because benefit decreases with time. It is specifically not recommended for use at the spine, hip, or shoulder areas. Diclofenac 1% is the medication and strength approved by the FDA. Topical capsaicin is recommended by the Guidelines at a 0.025% concentration for pain due to osteoarthritis. Topical menthol is not recommended by the MTUS Guidelines. The Guidelines are silent as to the use of topical camphor, and the literature does not support its use. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for 120g of a compound containing flurbiprofen 25%, menthol 10%, camphor 3%, and capsaicin 0.0375% is not medically necessary.