MAXIMUS Federal Services

Case Number:	CM14-0141711		
Date Assigned:	09/10/2014	Date of Injury:	04/01/2001
Decision Date:	10/15/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 59-year-old male who reported an injury on 04/01/2001. The mechanism of injury was not submitted for review. The injured worker has diagnoses of cervical cranial syndrome, displacement of cervical intervertebral disc without myelopathy, thoracic or lumbosacral neuritis or radiculitis unspecified, and displacement of lumbar intervertebral disc without myelopathy. Past medical treatment consists of chiropractic therapy, E-stim, massage therapy, and medication therapy. Medications include aspirin, Lasix, Lisinopril, potassium, tramadol/dextromethorphan/capsaicin and flurbiprofen/lidocaine/menthol/camphor. On 07/10/2014, the injured worker complained of low back pain. Physical examination revealed that the thoracic/lumbar spine appeared to be decreased. The injured worker has stiffness in the cervical spine with a flexion of 50/50, extension of 40/60, left rotation of 60/80. It was noted that there was articular dyskinesia at the T4, L4, L5 and S1 levels. Reflexes were normal. Examination of the lumbar spine revealed that there was stiffness and pain, with flexion of 60 degrees/FF, extension 20/25, right lateral flexion 25/25, left lateral flexion 25/25, right rotation 25/30 and left rotation 25/30 degrees. Treatment plan is for the injured worker to continue the use of medication. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 15%, Dextromethorphan 10%, Capsaicin 0.025% for date of service 07/02/2014:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

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

Decision rationale: The California MTUS state that many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local analgesics, antidepressants, and adenosine triphosphate). There is little to no research to support the use of many of these agents. The California MTUS also state that topical compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Additionally, any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines state that capsaicin is recommended only as an option if patients have not responded or are intolerant to other treatments. The included documentation did not indicate whether the injured worker had been responsive to or was intolerant to any other treatments. Furthermore, the documentation submitted for review lacked any evidence of failed trialed antidepressants or anticonvulsants. Additionally, the request as submitted did not indicate a frequency or duration of the medication. It also did not specify the site at which the topical analgesic would be intended for. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

Flubiprofen 20%, Menthol 5%, Camphor 1%, Lidocaine 5% for date of service 07/02/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines state that topical compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Additionally, any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines state that the Lidoderm patch is the only topical form of lidocaine approved by the FDA. The included medical documents did not indicate that the injured worker had not been responsive or was intolerant to any other treatments. The guidelines do not recommend topical lidocaine in any other form other than Lidoderm. Furthermore, medical documents lacked any evidence of the injured worker having trialed and failed any antidepressants or anticonvulsants. Additionally, the request as submitted did not indicate a frequency or duration of the medication. It also did not specify the site at which the topical analgesic would be intended for. Given the above, the

injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

Flubiprofen 20%, Lidocaine 5%, Menthol 5%, Camphor 1% for date of service 07/07/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines state that topical compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Additionally, any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines state that the Lidoderm patch is the only topical form of lidocaine approved by the FDA. The included medical documents did not indicate that the injured worker had not been responsive or was intolerant to any other treatments. The guidelines do not recommend topical lidocaine in any other form other than Lidoderm. Furthermore, medical documents lacked any evidence of the injured worker having trialed and failed any antidepressants or anticonvulsants. Additionally, the request as submitted did not indicate a frequency or duration of the medication. It also did not specify the site at which the topical analgesic would be intended for. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

Tramadol 15%, Dextromethorphan 10%, Capsaicin 0.025% for date of service 07/07/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

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

Decision rationale: The California MTUS state that many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local analgesics, antidepressants, and adenosine triphosphate). There is little to no research to support the use of many of these agents. The California MTUS also state that topical compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Additionally, any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines state that capsaicin is recommended only as an option if patients have not responded or are intolerant to other treatments. The included documentation did not indicate whether the injured worker had been

responsive to or was intolerant to any other treatments. Furthermore, the documentation submitted for review lacked any evidence of failed trialed antidepressants or anticonvulsants. Additionally, the request as submitted did not indicate a frequency or duration of the medication. It also did not specify the site at which the topical analgesic would be intended for. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.