

Case Number:	CM13-0012730		
Date Assigned:	12/27/2013	Date of Injury:	11/06/2008
Decision Date:	04/03/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in Oregon. 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 physician 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:

This is a 62 year old female who had a work related injury on 11/6/08. She is having chronic neck and back pain, shoulder pain, hand pain and knee pain. This is a denial for use of a topical compound medications tramadol/gabapentin/menthol/camphor/capsaicin compound and cyclobenzaprine/flurbiprofen. The request was denied on 8/1/13. She is using the topical medications to treat her chronic pain. The claimant has taken or is taking the follow oral pain medications: Anaprox, Ultram ER and Norco. This was in addition to the topical compound medications. [REDACTED] states that with use of the medications she is able to maintain her level of Activities of Daily Living (ADLs) and participate in her Functional Restoration Program. He did not talk specifically about which of the medication or all of the medications were giving this benefit in pain control. She has been using the topical medications since at least August 2012. It is not clear what pain or location she is using topical medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/gabapentin/menthol/ camphor/capsaicin compounded drug: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Analgesics Page(s): 28-29 & 111-113.

Decision rationale: In order for a topical compound medication to be approved for use to treat a claimant's chronic pain, it needs to be shown that there is measurable subjective and/or functional benefit as a result of use of the medication and documentation of medical necessity including failed trials of antidepressants or anticonvulsants will be required, as well as the claimant being unresponsive and intolerant to all other treatments. Chronic Pain Medical Treatment Guidelines noted that topical analgesics are recommended as an option in certain circumstances. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little research to support the use of many of these topical agents. Gabapentin is not recommended to use as a topical medication. There is no peer-reviewed literature to support the use of topical gabapentin. Capsaicin is recommended only as an option in patients who have not responded to or are intolerant of other treatments. In this case there is no documentation of intolerance to oral pain medication. There was no documentation of failed trials of antidepressant or anticonvulsants. Gabapentin is not recommended for use as a topical medication. She does not have neuropathic pain. Her pain is musculoskeletal in nature.

Cyclobenzaprine/flurbiprofen compounded drug: Upheld

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

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

Decision rationale: In order for a topical compound medication to be approved for use to treat a claimant's chronic pain, it needs to be shown that there is measurable subjective and/or functional benefit as a result of use of the medication and documentation of medical necessity including failed trials of antidepressants or anticonvulsants will be required, as well as the claimant being unresponsive and intolerant to all other treatments. Chronic Pain Medical Treatment Guidelines noted that topical analgesics are recommended as an option in certain circumstances. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little research to support the use of many of these topical agents. In this case there is no documentation of intolerance to oral pain medication. There was no documentation of failed trials of antidepressant or anticonvulsants.