

Case Number:	CM13-0031107		
Date Assigned:	12/04/2013	Date of Injury:	03/24/2011
Decision Date:	02/07/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/02/2013

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 Family Medicine 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 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 claimant who sustained an injury on 3/24/11 secondary to a fall which resulted in back and knee pain. She has had normal MRIs of the knee and the symptoms were treated with steroid injections. Her treatment has also included tricyclics, opioids, and anxiolytics. Due to continued pain a request was made in August 2013 for arthroscopic knee surgery and the use of the following: 1. Capsaicin 0.025%, Flurbiprofen 30%, Methyl Salicylate 4%, Tramadol 10%, Menthol 2%, Camphor 2% X 240gr: 2. Flurbiprofen 20%, Tramadol 20% X 240gr 3. Medrox Patch X 30 A report on 9/13/13 indicated that the pain was well controlled on oral hydrocodone/APAP.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025%, Flurbiprofen 30%, Methyl Salicylate 4%, Tramadol 10%, Menthol 2%, Camphor 2% X 240gr: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines: Topical Analgesics are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, Tramadol and Flurbiprofen are not FDA approved for topical application and not outlined in the MTUS guidelines. As a result this compounded topical application is not medically necessary.

Flurbiprofen 20%, Tramadol 20% X 240gr: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines: Topical Analgesics are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, Tramadol and Flurbiprofen are not FDA approved for topical application and not outlined in the MTUS guidelines. As a result this compounded topical application is not medically necessary.

Medrox Patch X 30: Upheld

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

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

Decision rationale: Medrox contains: methyl salicylate 5%, menthol 5%, capsaicin 0.0375%. . The use of compounded agents has very little to no research to support their use. According to the MTUS guidelines, Capsaicin is recommended in doses less than .025%. An increase over this amount has not been shown to be beneficial. In this case, Medrox contains a higher amount of Capsaicin than is medically necessary. As per the guidelines, any compounded medication that contains a medication that is not indicated is not indicated. Therefore Medrox is not medically necessary.