

Case Number:	CM13-0033439		
Date Assigned:	12/06/2013	Date of Injury:	10/17/2011
Decision Date:	04/04/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/09/2013

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 and Rehabilitation has a subspecialty in Pain 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 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 had an original date of injury of October 17, 2011. The injured worker underwent right shoulder arthroscopic surgery with rotator cuff repair on March 11, 2013. The patient has been utilizing Vicodin, Flexeril, and pain creams. A utilization review determination denied the request for topical compounded analgesics. The rationale was that there is "no documentation of intolerance to oral pain medication and that the claimant needs an alternative treatment in the form of a topical analgesic."

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 10%, Menthol 2%, Camphor 2% 240gr:
Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines, on pages 111-113, specify the following regarding topical Analgesics: "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." Although there is documentation in a progress note on Final Determination Letter for IMR Case Number CM13-0033439 3 October 2, 2013 that "creams are effective," the formulation in this case is not compliant with the Chronic Pain Medical Treatment Guidelines. In the case of this compounded formulation, there is no evidence or guideline to recommend the topical formulation of Tramadol. It is not mentioned in the Chronic Pain Medical Treatment Guidelines or Official Disability Guidelines. This request is not medically necessary given this component.

Flurbiprofen 20%, Tramadol 20% 240gr: Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines, on pages 111-113, specify the following regarding topical Analgesics: "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." Although there is documentation in a progress note on October 2, 2013 that "creams are effective," the formulation in this case is not compliant with the California Medical Treatment and Utilization Schedule. It is also unclear as to why the patient requires 2 different topical analgesic products. In the case of this compounded formulation, there is no evidence or guideline to recommend the topical formulation of Tramadol. It is not mentioned in the Chronic Pain Medical Treatment Guidelines or Official Disability Guidelines. This request is not medically necessary given this component.