

Case Number:	CM13-0036245		
Date Assigned:	12/13/2013	Date of Injury:	03/17/2008
Decision Date:	02/13/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/18/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 61 year-old with a 3/17/08 industrial injury claim. He has been diagnosed with chronic recurrent lumbosacral cervical sprain; radiculopathy bilateral upper and lower extremities; chronic left shoulder sprain; 5-mm HNP at L5/S1; bursitis/tendinitis left shoulder. The 9/18/13 report shows the patient is having neck and low back pain. The IMR application shows a dispute with the 9/24/13 UR decision from [REDACTED] that denied compound topical medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Lidocaine 5%/Menthol 5%/ Camphor 1% 130gm: 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: MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The compounded topical at issue contains Lidocaine 5%. MTUS states that other than Lidoderm patches, "No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for

neuropathic pain." MTUS does not appear to recommend this form of Lidocaine and therefore the whole compounded topical that contains the Lidocaine is not recommended.

Tramadol 15%/Dextromethorphan 10%/Capsaicin 0.025%: 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: The 9/18/13 PR2 lists the patient's complaints as low back and neck pain. there was decreased lumbar motion and pain at bilateral SI joints and positive SLR. There is no assessment of pain levels or description of pain relief with topical medications, nor improved quality of life nor improved function. MTUS states: "Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. "MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The compounded topical at issue contains Tramadol. The earliest records available for this IMR is 3/12/13 and there are med-legal reports dated 4/25/13 and 10/21/13. I was unable to find any evidence that the patient has tried and failed antidepressants and anticonvulsants. I cannot verify that the use of topical tramadol is in accordance with MTUS guidelines. The compounded medication also contains capsaicin. MTUS for capsaicin states: "Recommended only as an option in patients who have not responded or are intolerant to other treatments" There is no discussion of what other treatments were not tolerated. The available reporting does not meet the MTUS criteria for each component of the topical compound.