MAXIMUS Federal Services

Case Number:	CM13-0043626		
Date Assigned:	12/27/2013	Date of Injury:	06/28/2010
Decision Date:	04/24/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/25/2013

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 & 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 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:

This patient is a 64-year-old male with date of injury of 06/28/2010. Per the treating physician's report 01/14/2014, the listed diagnoses are lumbar radiculopathy, pain-related insomnia, myofascial pain syndrome, neuropathic pain. The patient presents with low back pain, right leg and left posterior knee pain with the legs tiring easily. The patient stopped using BuTrans patch as it was not really working for him. The patient's pain is at 7/10 with medications, without medications at 9/10. Report dated 09/10/2013 request Medrox patch q. 12 hours for muscle pain and stiffness and also TGHot ointment to be applied topically twice a day #180 g.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL/GABAPENTIN/LIDOCAINE TRANSDERMAL COMPOUND CREAM DISPENSED ON 9/20/13: 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.

Decision rationale: The request is for compounded topical cream that contains tramadol, gabapentin, and lidocaine. MTUS Guidelines does provide specific discussion regarding compounded products. It recommends that if one of the components is not recommended, the entire compound is not recommended. In this request, tramadol and gabapentin are not recommended as topical compounds and therefore recommendation is for denial.

MEDROX TRANSDERMAL PATCHES #30 DISPENSED ON 9/20/13: 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.

Decision rationale: The request is for Medrox patch which contains menthol, capsaicin, and methyl salicylate. MTUS Guidelines states that if one of the compounded products contains an element that is not recommended, then entire compound is not recommended. In this case, methyl salicylate which is a topical NSAID is not indicated. MTUS Guidelines states that topical NSAIDs are recommended for peripheral joint arthritis or tendonitis. In this case, the patient presents with low back pain, lumbar radiculopathy, myofascial pain, and neuropathic pain for which topical NSAIDs are not indicated. Recommendation is for denial.