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| Case Number: | CM13-0049360 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 06/01/2011 |
| Decision Date: | 05/16/2014 | UR Denial Date: | 10/10/2013 |
| Priority: | Standard | Application Received: | 11/07/2013 |

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 Sports Medicine and is licensed to practice in Texas. 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 patient is a 39-year-old female who reported an injury on 06/01/2011. The mechanism of injury was not stated. The patient is diagnosed with Cervical musculoligamentous injury, cervical radiculopathy, lumbar musculoligamentous injury, lumbar radiculopathy, left elbow myoligamentous injury, left lateral epicondylitis, left knee internal derangement, and right knee internal derangement. The patient was recently seen by [REDACTED] on 09/04/2013. The patient reported constant pain in the cervical and lumbar spine, as well as intermittent pain in the left elbow, left knee, and right knee. Physical examination revealed 3+ tenderness to palpation of the cervical spine and lumbar spine, positive straight leg raise, 3+ tenderness to palpation of the lateral and posterior elbow, and 3+ tenderness to palpation of the anterior knee, as well as the lateral and medial joint line bilaterally. Treatment recommendations included continuation of current medications including the compounded cream Capsaicin /Diclofenac /Tramadol /Ketoprofen /Camphor /Menthol and Flurbiprofen /Lidocaine /Dexamethasone.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND - CAPSAICIN 0.025%, FLURBIPROFEN 20%, TRAMADOL 10%, MENTHOL 2%, CAMPHOR 2%: 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: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. The only FDA approved topical NSAID is diclofenac. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no evidence of a failure to respond to first-line oral medication. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

COMPOUND - FLURBIPROFEN 20%, TRAMADOL 20%: 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 patient currently utilizes tramadol in conjunction with Capsaicin / Diclofenac / Ketoprofen / Camphor / Menthol. California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. Guidelines do not recommend topical opioids. The patient has continuously utilized this medication. There is no evidence of objective improvement. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.