

Case Number:	CM13-0051438		
Date Assigned:	12/27/2013	Date of Injury:	06/06/2013
Decision Date:	03/31/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/14/2013

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 Pain Management 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 male patient with a date of injury of June 6, 2013. A utilization review dated November 11, 2013 recommends noncertification of Lidoderm and Tramcapc A receipt for a compounded medication indicates that the medication includes capsaicin, menthol, camphor, tramadol, and ultraderm. A progress report dated December 17, 2013 indicates that the patient was encouraged to get a 2nd opinion before going forward with surgery. Physical examination identifies reduced cervical range of motion with a positive Spurling test. Diagnoses include bulging/narrowing of C3-C7, degenerative disc changes at C5-C6, and infrascapular pain. The treatment plan recommends gabapentin, and surgical 2nd opinion. A progress report dated October 31, 2013 indicates that the patient is using meloxicam, a compound cream, Lidoderm patches, and tizanidine. The note indicates that his "muscle spasms are worse." Physical examination identifies hypertonicity in the cervical muscles and reduced cervical range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm:

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

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

Decision rationale: Regarding request for topical lidocaine, guidelines the state that it is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Within the documentation available for review, there is no documentation of localized peripheral pain with evidence of failure of first-line therapy as recommended by guidelines prior to the initiation of topical lidocaine. In the absence such documentation, the currently requested topical Lidocaine is not medically necessary.

Tramcapc 120 gm: Upheld

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

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

Decision rationale: Regarding request for a topical compound, the requested topical compound is a combination of capsaicin, menthol, camphor, and tramadol. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Regarding use of capsaicin, guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Regarding the use of tramadol, guidelines do not support the topical application of opiate pain medication. Within the documentation available for review, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of capsaicin therapy. Additionally, guidelines do not support the topical application of tramadol. As such, the currently requested topical compound is not medically necessary.