

Case Number:	CM13-0051747		
Date Assigned:	12/27/2013	Date of Injury:	11/16/2012
Decision Date:	04/02/2014	UR Denial Date:	10/28/2013
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 Family Practice, 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 33 year old female was injured on 11/16/12 after slipping at work. She presented for treatment with low back pain and was diagnosed with lumbosacral strain, sprain, lumbago, thoracic strain, sprain and upper and lower extremity soreness and cramping. She was treated with Norco with pain relief. The primary treating physician also prescribed a topical compounded application containing multiple medications, including Tramadol 10%. CA MTUS states this is a non- approved agent.

IMR ISSUES, DECISIONS AND RATIONALES

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

240 gram compound (Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 10%, Menthol 2%, and Camphor 2%): Upheld

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

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

Decision rationale: The request was for a compounded medication containing topical Tramadol 10% which is not a recommended drug. MTUS guidelines state that topical analgesics are primarily experimental and only recommended when antidepressants and anticonvulsants have

failed. Any compound that contains at least one of the non-approved drugs is not recommended. Therefore non-certification of the 240 gram topical compound containing Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 10%, Menthol 2% and Camphor 2% is recommended.