

Case Number:	CM13-0060109		
Date Assigned:	12/30/2013	Date of Injury:	02/06/2007
Decision Date:	05/15/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/03/2013

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 and Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 57-year-old female who reported an injury on 02/06/2007. The mechanism of injury was not stated. Current diagnoses include myofascitis, anxiety, hypertension, insomnia, lumbar spine disc syndrome, lumbar spine radiculitis, pain in the lumbar spine, and pain in the knees. This is a retrospective review for the compounded creams issued on 06/14/2010, 07/12/2010, and 08/18/2010. However, there was no physician progress reports submitted on the requesting dates. The injured worker was evaluated on 05/29/2013. The injured worker reported lumbar spine, right shoulder, and bilateral knee pain. Physical examination revealed tenderness to palpation, spasm of the thoracic spine, edema and swelling of bilateral knees, sensory loss in the lower extremities, trigger points in the lumbar spine and right shoulder, positive orthopedic testing of the lumbar spine and bilateral knees, and painful range of motion. It is noted that the injured worker maintains positive NCV studies of bilateral lower extremities. Treatment recommendations included an MRI/CT scan, an MRA of the right shoulder, durable medical equipment, and a pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request for Capsaicin 0.0375%, Menthol 2%, Camphor 2%, Tramadol 15%, Pencream (DOS 7/12/2010): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 1 drug that is not recommended, is not recommended as a whole. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There was no physician progress reports submitted on the requesting date. Therefore, there is no indication of a trial of first-line therapy with oral medication prior to the initiation of a topical analgesic. Based on the clinical information received, the injured worker does not meet criteria for the requested medication. There is also no frequency or quantity listed in the current request. Therefore, the request is non-certified.

Retrospective request for Capsaicin 0.0375%, Menthol 2%, Camphor 2%, Tramadol 15%, Pencream (DOS 8/18/2010): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 1 drug that is not recommended, is not recommended as a whole. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There was no physician progress reports submitted on the requesting date. Therefore, there is no indication of a trial of first-line therapy with oral medication prior to the initiation of a topical analgesic. Based on the clinical information received, the injured worker does not meet criteria for the requested medication. There is also no frequency or quantity listed in the current request. Therefore, the request is non-certified.

Retrospective request for Capsaicin 0.0375%, Menthol 2%, Camphor 2%, Tramadol 15%, Pencream (DOS 6/14/2010): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 1 drug that is not recommended, is not recommended as a whole. Capsaicin is recommended only as an option in patients who have not responded or

are intolerant to other treatments. There was no physician progress reports submitted on the requesting date. Therefore, there is no indication of a trial of first-line therapy with oral medication prior to the initiation of a topical analgesic. Based on the clinical information received, the injured worker does not meet criteria for the requested medication. There is also no frequency or quantity listed in the current request. Therefore, the request is non-certified.

Retrospective request for Diclofenac 30%, PCCA Lipoderm base 42.00 grams (DOS 6/14/2010): Upheld

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

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

Decision rationale: California MTUS Guidelines state the only FDA-approved topical NSAID is diclofenac, which is indicated for the relief of osteoarthritis pain in joints that lend themselves to topical treatment. It has not been evaluated for treatment of the spine, hip, or shoulder. The injured worker reports persistent pain to the lumbar spine and right shoulder, as well as bilateral knees. There was no physician progress reports submitted on the requesting date. Therefore, there is no evidence of osteoarthritis of bilateral knees. As such, the injured worker does not meet criteria for the requested medication. There is also no frequency listed in the current request. Therefore, the request is non-certified.