

Case Number:	CM13-0060256		
Date Assigned:	12/30/2013	Date of Injury:	04/01/2013
Decision Date:	05/20/2014	UR Denial Date:	11/25/2013
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 Family Medicine, and is licensed to practice in Arizona. 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 53-year-old female who suffered an industrial injury on 4/1/13. Subjective complaints are of bilateral shoulder pain as well as left knee pain. On examination, range of motion of shoulder was restricted with tenderness over the trapezius and AC joint; there was a positive cervical distraction and compression test. The left knee had tenderness over the medial and lateral joint lines. The diagnoses included infraspinatus strain and sprain, sprain of unspecified site of the knee and leg, strain or sprain of the hand at an unspecified site. Medications include Zolpidem, Diclofenac, Lorazepam, and Meclizine.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUNDED MEDICATION (CAPSAICIN 0.25, FLURBIPROFEN 20, TRAMADOL 10, MENTHOL 2, CAMPHOR 2): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28-29, 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The California Chronic Pain Medical Treatment Guidelines are clear that if a medication in question contains one drug that is not recommended the entire product should

not be recommended. This product combines Flurbiprofen, Tramadol, capsaicin, menthol and camphor. Guidelines do not recommend topical Tramadol as no peer-reviewed literature supports its use. The California MTUS indicates that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis, but with a diminishing effect over another two-week period. The MTUS also indicates that topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support their use. While capsaicin has shown some positive results in treating osteoarthritis, fibromyalgia, and non-specific back pain. Capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. The menthol component of this medication has no specific guidelines or recommendations for its indication or effectiveness. For these reasons, the medical necessity of this medication is not established.

COMPOUNDED MEDICATION (FLURBIPROFEN 20, TRAMADOL 20): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines are clear that if a medication in question contains one drug that is not recommended the entire product should not be recommended. The California MTUS indicates that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis, but with a diminishing effect over another two-week period. The MTUS also indicates that topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support their use. Guidelines do not recommend topical Tramadol as no peer-reviewed literature supports its use. Therefore, the medical necessity of this medication is not established.