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| Case Number: | CM13-0061764 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 02/23/2006 |
| Decision Date: | 04/11/2014 | UR Denial Date: | 09/25/2013 |
| Priority: | Standard | Application Received: | 12/05/2013 |

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 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 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:

The patient is a 50-year-old male who reported an injury on 02/23/2006. The mechanism of injury was cumulative trauma related to the performance of job duties. The patient's complaints were related to his cervical, thoracic, and lumbar spine, and he reports depression and anxiety as a result of his injuries. The patient's initial course of treatment is unclear; however, he received a 2 level fusion to unspecified levels of the cervical spine on 12/12/2009. The patient went on to utilize epidural steroid injections as a therapeutic treatment for both his cervical and lumbar spine complaints. The patient is utilizing multiple medications, has received multiple treatment interventions treating his numerous complaints, and has been permanent and stationary since 12/21/2010. The patient's current diagnoses include discogenic syndrome of the cervical spine, discogenic syndrome of the lumbar spine, reflex sympathetic dystrophy, knee pain, shoulder pain, and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMCT20 TD Cream: Capsaicin 0.357% / Menthol 10% / Camphor 2.5% / Tramadol 20% cream: 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 California MTUS/ACOEM Guidelines recommend topical analgesics in the treatment of neuropathic and osteoarthritic pain. Guidelines state that any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The current request is for a compounded cream containing a 0.357% formulation of Capsaicin. Guidelines state that Capsaicin is only recommended as an option, in patients who have not responded or who are intolerant to other treatments. In addition, Guidelines state that Capsaicin in any formulation of greater than 0.025% is not noted to provide any increased efficacy, and is therefore, not recommended. Also, topical Tramadol is not currently recommended by available literature for the treatment of any conditions except postherpetic neuralgia and open skin lesions. As such, the request for CMCT20 TD CREAM: Capsaicin 0.357%/Menthol 10%/Camphor 2.5%/Tramadol 20% Cream, apply four times a day as needed, #30 grams is non-certified.