

Case Number:	CM13-0067880		
Date Assigned:	01/03/2014	Date of Injury:	05/20/1991
Decision Date:	06/06/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/18/2013

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 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 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 65 year old female who reported an injury on 05/20/1991 secondary to unknown mechanism of injury. The diagnoses included cervicalgia, left elbow pain, lumbar sprain/strain and lower leg pain. The injured worker was evaluated on 10/17/2013 for reports of neck, back and right knee pain. The exam noted cervical spine range of motion flexion at 20 degrees, extension at 20 degrees, right rotation at 20 degrees, left rotation at 20 degrees, right lateral flexion at 10 degrees and left lateral flexion at 10 degrees. The exam also noted decreased lumbar range of motion and tenderness to palpation of the right knee. The treatment plan included an MRI of the knee, medication therapy and DNA testing. The request for authorization was not found in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAPSAICIN 0.025%, FLURBIPROFEN 20%, TRAMADOL 10%, MENTHOL 2%, CAMPHOR 2%, LIPODERM BASE DOS 8/24/13 & 10/01/2013: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines recommend Capsaicin only as an option in patients who have not responded or are intolerant to other treatments. The MTUS Chronic Pain Guidelines state topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward or with a diminishing effect over another 2-week period. Camphor is FDA-approved for use on the skin as a painkiller in concentrations of 3% to 11%. The MTUS Chronic Pain Guidelines further state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is a lack of clinical evidence of efficacy of other treatments in the documentation provided. The dosage of the camphor is 2% which is below the recommended level. Therefore, the request is not medically necessary and appropriate.

FLURBIPROFEN 20%, TRAMADOL 20%, AND LIPODERM BASE DOS 8/24/13 & 10/01/2013: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines state topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward or with a diminishing effect over another 2-week period. Guidelines also state there is no evidence for use of Tramadol as a topical product. The MTUS Chronic Pain Guidelines further state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The injured worker has been using the proposed medication for longer than 2 weeks. Therefore, the request is not medically necessary and appropriate.