

Case Number:	CM14-0000312		
Date Assigned:	01/10/2014	Date of Injury:	07/24/2012
Decision Date:	08/29/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/30/2013

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 Internal Medicine, Pulmonary Diseases 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 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 55-year-old female who reported injury on 07/24/2012. The mechanism of injury was not provided. The injured worker underwent an MRI of the lumbar spine and epidural steroid injections. The documentation of 11/21/2013 revealed the injured worker had subjective complaints of low back pain. The physical examination revealed tenderness in the lumbar paraspinal region bilaterally with tenderness in the midline lumbar spine. The straight leg raise test in the sitting position produced leg pain on the right and produced back pain on the left. The injured worker had decreased range of motion. The injured worker had spasms with range of motion of the lumbar spine. The diagnoses included chronic low back pain with radicular symptoms to the right L4-5 distribution, lumbar spine sprain and strain and lumbar spine degenerative disc disease. The treatment plan included a continuation of the medications for residual pain control. The medications were noted to include a topical compound.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND ANALGESIC CREAM: TRAMADOL 8%/ GABAPENTIN 10%/ MENTHOL 2%/ CAMPHOR 2%/ CAPSAICIN .05%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Gabapentin, Topical Capsaicin, Topical Analgesics, Topical Salicylates Page(s): 28, 82, 105, 111, 113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA.gov.

Decision rationale: The California MTUS indicated that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended....Topical Salicylates are recommended. A thorough search of FDA.gov, did not indicate there was a formulation of topical Tramadol that had been FDA approved. The approved form of Tramadol is for oral consumption, which is not recommended as a first line therapy Gabapentin: Not recommended. There is no peer-reviewed literature to support use... Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The guidelines recommend Topical Salicylates. The clinical documentation submitted for review failed to provide documentation of efficacy. The duration of use could not be established through supplied documentation. There was lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations and FDA recommendations. The request, as submitted, failed to indicate the frequency and the quantity of medication being requested. Given the above, the request for compound analgesic cream: Tramadol 8%/ Gabapentin 10%/ Menthol 2%/ Camphor 2%/ Capsaicin .05% is not medically necessary and appropriate.