

Case Number:	CM14-0002608		
Date Assigned:	01/29/2014	Date of Injury:	12/18/2010
Decision Date:	06/16/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/07/2014

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 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 61 year old male who reported an injury on 12/18/2010 secondary to fall. The diagnoses included right elbow pain status post ORIF, bilateral shoulder pain and cervical spine sprain/strain. The injured worker was evaluated on 11/15/2013 for reports of 7/10 neck pain and 8/10 elbow pain. The exam noted decreased range of motion to the right elbow and positive Neer's and Phalan's signs. The treatment plan included imaging, psychological evaluation, acupuncture, chiropractor, DNA testing, Toxicology, TENS, Cold/Heat wraps and medication therapy. 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:

COMPOUND MEDICATION CONTAINING CAPSACIN (0.025%), FLURBIPROFEN (20%), TRAMADOL (10%), MENTHOL (2%) AND CAMPHOR (2%), 240 GRAMS:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics,. Decision based on Non-MTUS Citation ACOEM July 2012 Low Back Disorders.

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

Decision rationale: The request is for a topical compound containing Capsaicin, Flurbiprofen, Tramadol, Menthol, and Camphor. 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 further 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%. Furthermore, the FDA does not have an intended use of tramadol topically. 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. Therefore, the request is not medically necessary.

COMPOUND MEDICATION CONTAINING FLURBIPROFEN (20%) AND TRAMADOL (20%), 240 GRAMS: Upheld

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

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

Decision rationale: The request is for a topical compound containing flurbiprofen and tramadol. The MTUS Chronic Pain Guidelines state that 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. Furthermore, the FDA does not have an intended use of Tramadol topically. 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. Therefore, the request is not medically necessary and appropriate.