

Case Number:	CM14-0006582		
Date Assigned:	02/07/2014	Date of Injury:	11/14/2011
Decision Date:	07/24/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/16/2014

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 Occupational Medicine, 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 patient is a 65-year-old female who has submitted a claim for lumbar degenerative disc disease, lumbar disc protrusion at L4-L5 and L5-S1, and lumbar stenosis associated with an industrial injury date of 11/14/2011. Medical records from 02/02/2012 to 01/14/2014 were reviewed and showed that patient complained of neck pain, graded 3/10, and low back pain, graded 4-7/10, radiating to the hands and knees. Left leg numbness was also noted. Pain is aggravated by lifting, pushing, pulling, twisting, bending, stooping, kneeling, walking, and sitting. Physical examination showed tenderness of the lumbar paravertebral muscles. Range of motion was restricted. Motor testing was normal. Sensation was decreased over the left S1 dermatome. MRI of the lumbar spine, dated 05/22/2013, showed multi-level disc desiccation, and bilateral neuroforaminal narrowing at L3-L4, L4-L5, and L5-S1. Treatment to date has included oral and topical medications, acupuncture, TENS, physical therapy, Kenalog injection, and L4-L5 and L5-S1 laminotomy, facetectomy, microdiscectomy, and decompression (10/19/2013). Utilization review, dated 01/15/2014, denied the request for MENTHOL 2%/CAMPHOR 2%/CAPSAICIN 0.0375%/DICLOF & DEXTROMETHORPHAN 20%/TRAMADOL 5%/AMITRIPTY & DICLOFENAC 20% CREAM because there was no documentation of intolerance to oral formulations, and there was no clear rationale for the use of topical tramadol, amitriptyline, and dextrometorphan.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO COMPOUND MEDICATIONS; MENTHOL 2%/CAMPHOR 2%/CAPSAICIN 0.0375%/DICLOF & DEXTROMETHORPHAN 20%/TRAMADOL 5%/AMITRIPTY & DICLOFENAC 20% CREAM. DOS: 02/25/13: 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): 112-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical Salicylates.

Decision rationale: As stated on pages 112 to 113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many these agents. The topical formulation of tramadol does not show consistent efficacy. Regarding the Menthol and Capsaicin component, CA MTUS does not cite specific provisions, but the ODG issued an FDA safety warning which identifies rare cases of serious burns that have been reported to occur on the skin where menthol, methyl salicylate, or capsaicin were applied. Topical diclofenac has not been evaluated for treatment of the spine, hip or shoulder. The guidelines do not address camphor. Dextromethorphan is not addressed in the guidelines. Amitriptyline is a tricyclic antidepressant considered first-line agents, but there is no discussion regarding topical application of this drug. In this case, the patient complains of neck and low back pain with radicular symptoms to the bilateral upper and lower extremities despite medications, physical therapy, and surgery. The indication for the requested compound cream was not provided in the medical records submitted for review. There was also no discussion of intolerance to the oral formulations of the components of the compound cream. Furthermore, guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Therefore, the retrospective request for RETRO COMPOUND MEDICATIONS; MENTHOL 2%/CAMPHOR 2%/CAPSAICIN 0.0375%/DICLOF & DEXTROMETHORPHAN 20%/TRAMADOL 5%/AMITRIPTY & DICLOFENAC 20% CREAM. DOS: 02/25/13 is not medically necessary.