

Case Number:	CM14-0102774		
Date Assigned:	07/30/2014	Date of Injury:	01/04/2007
Decision Date:	09/22/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/03/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas, and Oklahoma. 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 58-year-old male who reported an injury on 01/04/2007 due to an unknown mechanism. Diagnoses were incisional hernia, bilateral femoral hernia, sleep disturbance not otherwise specified, and obesity not otherwise specified. Past treatments were not reported. Diagnostic studies were not reported. Past surgical history was for left groin hernia repair. The physical examination on 04/22/2014 revealed complaint of persistent, and worsening left groin pain as a result of his recurrent left inguinal hernia. The examination revealed left groin was starting to show signs of protrusion. There was tenderness in the area. The left shoulder revealed pain with range of motion and tenderness over the anterior and lateral deltoid. There was a positive impingement maneuver. The left knee revealed joint line tenderness medially as well as laterally. There was pain with forward flexion. There was a positive patellofemoral grind and positive McMurray's sign. The examination of the lumbar spine revealed pain and tenderness. Range of motion was painful and limited. There was a positive straight leg raise bilaterally. Medications were Norco and Prilosec. The treatment plan was not discussed. The rationale was not submitted. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin .25% + flubiprofen 15% tramadol 15% menthol 25%+Camphor 2%: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Flurbiprofen, page 72, Topical Analgesics, Tramadol Page(s): 28, 11, 82.

Decision rationale: The California Medical Treatment Utilization Schedule states that capsaicin is recommended only as an option in patients who have not responded to or are intolerant of 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 medical guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. 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 diminishing effect over another 2 week period. This agent is not currently FDA-approved for topical application. FDA-approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solutions. A search of the National Library of Medicine - National Institute of Health database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. 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. The medical guidelines do not support the use of compounded topical analgesics. Also, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.