

Case Number:	CM14-0104471		
Date Assigned:	07/09/2014	Date of Injury:	05/18/2011
Decision Date:	08/08/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/07/2014

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 Family Medicine and is licensed to practice in Utah. 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 5/18/2011 year-old female. The patient's date of injury is 5/18/2011. The mechanism of injury was described as a slip and fall on a wet floor. The patient has been diagnosed with left knee pain, meniscus tear, intractable pain, lumbar disc syndrome. The patient's treatments have included physical therapy, imaging studies and medications. The physical exam findings dated April 18, 2014 show the lumbar spine active in all ranges of motion, but limited by pain. Her straight leg test was reported a negative. The knee exam was reported with a positive McMurray's test with internal and external rotation being negative on the left leg. The patient's medications have included, but are not limited to, cortisone injections, Tramadol, Medrox patches, Therapentin, Theratramadol. The request is for retro medication compound, Capsaicin 0.025%-Flurbiprofen 25%-Tramadol 15%-Menthol 2%-Camphor 2%, 240 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective compound Medication; Capsaicin 0.025%-Flurbiprofen 25%-Tramadol 15%-Menthol 2%-Camphor 2%, 240 gm.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The MTUS guidelines discuss compounding medications. The guidelines state that a compounded medicine, that contains at least one drug (or class of medications) that is not recommended, is not recommended for use. The guidelines also state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not specifically address the above medication as a topical analgesic. Therefore, according to the guidelines cited, it cannot be recommended at this time. Therefore, the request of Retrospective compound Medication; Capsaicin 0.025%- Flurbiprofen 25%-Tramadol 15%-Menthol 2%-Camphor 2%, 240 gm. is not medically necessary and appropriate.