

Case Number:	CM14-0105328		
Date Assigned:	09/16/2014	Date of Injury:	08/06/1979
Decision Date:	10/17/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/08/2014

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 Illinois. 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:

This injured worker is a 54 year old man who was injured on August 6, 1979. He has pain in his neck that radiates down the left arm, left shoulder, right wrist, left wrist, and hands. Magnetic resonance imaging shows a cervical disc bulge and severe narrowing. He was prescribed chiropractic treatment, acupuncture, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

240gm Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2%:
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: Regarding topical analgesics, the Medical Treatment Utilization Schedule states that topical analgesics are recommended as an option, although they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed (Namaka, 2004). These agents are applied locally to painful areas

with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including nonsteroidal anti-inflammatory drugs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, α -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor) (Argoff, 2006). There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not considered medically necessary. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. There is no documentation that this injured worker has failed a first-line medication therapy. In addition, menthol is not recommended. Therefore, the requested 240gm capsaicin 0.025%, flurbiprofen 15%, tramadol 15%, menthol 2%, camphor 2% is not certified as this service is not considered medically necessary.

240gm Diclofenac 20%, Tramadol 15%: Upheld

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

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

Decision rationale: Topical nonsteroidal anti-inflammatory drugs may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety (Mason, 2004). Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical nonsteroidal anti-inflammatory drugs for treatment of osteoarthritis of the spine, hip or shoulder. They are not indicated for neuropathic pain as there is no evidence to support use. Voltaren Gel 1% (Diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. This worker does not have arthritis and he has radicular pain. Therefore, this compound is not recommended. The requested 240gm Diclofenac 20%, Tramadol 15% is not medically necessary for this injured worker.