MAXIMUS Federal Services

Case Number:	CM14-0011365		
Date Assigned:	02/21/2014	Date of Injury:	03/18/2005
Decision Date:	08/06/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/28/2014

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 55-year-old male who has submitted a claim for L4-L5 and L5-S1 herniated nucleus pulposus; cervical degenerative disc disease status post-surgery; left wrist, and carpometacarpal (CMC) pain; and left knee pain associated with an industrial injury date of March 18, 2005. Medical records from 2012-2014 were reviewed. The patient complained of persistent neck and low back pain, rated 7/10 in severity. The low back pain is more intense, but improved with medications. Physical examination showed tenderness over the cervical paraspinal musculature, upper trapezius muscles, scapular borders, and lumbar paraspinal musculature. There was noted left shoulder impingement. Spurling's and Patrick's test was positive on the left side of the lower back. Facet load was positive as well. There was decreased sensation to light touch on the left lower extremities and left upper extremities. MRI of the cervical spine, dated November 12, 2012, revealed disc bulges at C3-C4, C4-C5, C5-C6, and C6-C7; and mild left C3-C4, severe left and mild right C4-C5, and severe bilateral C5-C6 and C6-C7 bony foraminal narrowing. MRI of the lumbar spine, dated November 12, 2012, showed disc desiccation at L2-L3, L4-L5 and L5-S1; disc protrusions at L2-L3 and L3-L4; 2mm retrolisthesis of L2 on L3; 5mm to 6mm disc bulge at the L4-L5 level; and 5mm to 6mm asymmetric disc protrusion, posterior and to the left at the L5-S1 level. Treatment to date has included medications, physical therapy, activity modification, cervical spine fusion, right elbow surgery, left shoulder injection, left foot surgery, and lumbar epidural steroid injection. Utilization review, dated January 13, 2014, denied the request for Capsaicin/Menthol/ Camphor/Tramadol (duration unknown and frequency unknown) dispensed on 12/18/2012 for treatment of cervical, lumbar and radiculopathy to left lower extremity because the topical medication is not supported by the guidelines and there was no indication that this patient would be an outlier to this recommendation.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAPSAICIN/MENTHOL/CAMPHOR/TRAMADOL, DISPENSED ON 12/18/2012, FOR TREATMENT OF CERVICAL, LUMBAR AND RADICULOPATHY TO LEFT LOWER EXTREMITY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin; Topical analgesics Page(s): 28, 112-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, 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. CA MTUS Chronic Pain Medical Treatment Guidelines identifies on page 28 that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments. Regarding the Menthol and Capsaicin component, CA MTUS does not cite specific provisions, but the Official Disability Guidelines (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. The guidelines do not address camphor. In this case, the patient complains of neck and low back pain with radicular symptoms to the 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. Tramadol is not recommended for topical use. Therefore, the retrospective request for Capsaicin/Menthol/ Camphor/Tramadol, dispensed on 12/18/2012, for treatment of cervical, lumbar and radiculopathy to left lower extremity is not medically necessary.