

Case Number:	CM14-0012867		
Date Assigned:	02/24/2014	Date of Injury:	08/01/2013
Decision Date:	08/07/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/31/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

Patient is a 57-year-old female who has submitted a claim for headache, cervical spinal stenosis, cervical spine degenerative disc disease, bilateral shoulder impingement syndrome, thoracic spine sprain/strain, lumbar spine sprain/strain, displacement of lumbar intervertebral disc, lumbar spine degenerative disc disease, bilateral hip pain, bilateral knee pain, bilateral knee osteoarthritis, bilateral foot pain and bilateral ankle osteoarthritis associated with an industrial injury date of 8/1/2013. Medical records from 2013 were reviewed which revealed persistent neck, bilateral shoulder, low back, hips, knees and feet. Pain scale was graded 7-8/10. Aggravating factors include prolonged sitting, standing, lifting, carrying and lying down on the back. Physical examination of the cervical spine showed tightness and spasm at trapezius muscles bilaterally, Shoulder examination showed positive results on Jobe, Speed and Impingement tests. Compression and Apprehension tests were negative bilaterally. Lumbar spine examination showed severe pain of paraspinal muscles. Knees examination revealed negative McMurray and patellar grind tests bilaterally. Varus, Valgus, Lachman and Posterior drawer tests were all normal. Treatment to date has included intake of medication namely; SOMA, Etodolac, Ultracet, Lisinopril and Prilosec. Utilization review from 1/22/2014 denied the request for Flurbiprofen/Diclofenac, Capsaicin/Menthol/Camphor/Tramadol, Amtriptyline/ Dextromethorphan/ Tramadol because there was no evidence that patient has tried and failed oral medication to include antidepressants and anticonvulsants for her pain. There was also no evidence of neuropathic component to her subjective complaints. Furthermore, guideline states that compounded agents were largely experimental with few randomized controlled trials to determine efficacy or safety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for medications flurbiprofen/diclofenac, capsaicin/menthol/camphor/tramadol, amitriptyline/dextromethorphan/tramadol (duration unknown and frequency unknown) dispensed on 12/10/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin; Topical Analgesics Page(s): 28-29; 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Salicylate Topicals.

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Regarding Flurbiprofen component, CA MTUS supports a limited list of NSAID topicals which does not include Flurbiprofen. Regarding Diclofenac component topical, it was indicated for relief of osteoarthritis pain in joints. Regarding Capsaicin component, CA MTUS Chronic Pain Medical Treatment Guidelines identify on page 28 that topical Capsaicin is only recommended as an option when there was failure to respond to other treatments. Regarding Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding Tramadol component, it is indicated for moderate to severe pain, but is likewise not recommended for topical use. Amitriptyline is a tricyclic antidepressant considered first-line agents, but there is no discussion regarding topical application of this drug. Dextromethorphan is not addressed in the guidelines. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, Flurbiprofen, Tramadol, and Amitriptyline components are not recommended as topical agents. Therefore, the retrospective request for medications flurbiprofen/diclofenac, capsaicin/menthol/camphor/tramadol, amitriptyline/dextromethorphan/tramadol(duration unknown and frequency unknown) dispensed on 12/10/2013 is not medically necessary.