

Case Number:	CM14-0013748		
Date Assigned:	02/26/2014	Date of Injury:	01/12/2012
Decision Date:	07/03/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/03/2014

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 & Rehabilitation has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 37-year-old female who reported an injury on 01/12/2012 due to cumulative trauma. The clinical note dated 10/28/2013 noted the injured worker presented with ongoing low back and left shoulder pain. Upon examination of the cervical spine, there was tenderness to palpation with spasm over the paraspinal musculature and trapezius muscles bilaterally, and range of motion values of 44 degrees of flexion, 50 degrees of extension, 71 degrees of right rotation, 74 degrees of left rotation, 43 degrees of right lateral flexion, and 42 degrees of left lateral flexion. The diagnoses were cervical spine musculoligamentous sprain/strain with slight multilevel degenerative disc disease present at C3 to C7 per x-ray dated 10/28/2013, thoracic spine musculoligamentous sprain/strain, lumbar spine musculoligamentous sprain/strain, right shoulder parascapular sprain/strain/impingement syndrome per MRI dated 02/24/2012, left shoulder periscapular sprain/strain injury with supraspinatus tendinosis, bilateral wrist tendonitis, bilateral elbow lateral epicondylitis with forearm strain injury, bilateral knee patellofemoral arthralgia, history of headaches and referred to appropriate specialist, and history of sleep loss secondary to pain. Prior treatment included physical therapy and medication management. The provider recommended a retro of amitriptyline 4%/ tramadol 20%/ dextromethorphan 10% 30 gm on 06/26/2012 and retro Flurbiprofen 30%/ capsaicin 0.0375%/ menthol 2%/ camphor 2%, 30 gm on 06/26/2012, the provider's rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: AMITRIPTYLINE 4% / TRAMADOL 20% / DEXTROMRTHORPHAN 10%, 30GM ; 6/26/12: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state that transdermal compounds are experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. Many agents are compounded as monotherapy or in combination for pain control including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, α -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, γ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little to no research to support the use of a many of these agents. As the guidelines do not recommend the use of many of these agents, the medication would not be indicated. The provider's request did not indicate the site to which the cream was to be applied, or the frequency. Therefore, the retrospective request for amitriptyline 4%/tramadol 20%/dextromrthorphan 10%, 30gm; (dos: 6/26/12) is not medically necessary.

RETRO: FLURBIPROFEN 30% / CAPSAICIN 0.0375% / MENTHOL 2% / CAMPHOR 2%, 30GM; 6/26/2012: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. The guidelines note that capsaicin is only recommended for injured workers who are intolerant to or not responding to other treatments. There is lack of information in the medical documents to include failed trials of antidepressants or anticonvulsants. There is lack of evidence of the injured worker intolerant to or unresponsive to other conservative treatment. The provider's request did not indicate the site as to which the cream was to be applied to or was indicated for, or the frequency. Therefore, the retrospective request for flurbiprofen 30%/capsaicin 0.0375%/menthol 2%/camphor 2%, 30gm; (dos: 6/26/2012) is not medically necessary.

