

Case Number:	CM14-0015380		
Date Assigned:	02/28/2014	Date of Injury:	12/30/2011
Decision Date:	06/30/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	02/06/2014

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 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 49 year-old male who was injured at work on 12/30/2011. The injuries were primarily to his neck and shoulders. He is requesting review of a denial for the use of two different compounded topical analgesics: capsaicin, menthol, camphor and tramadol; and flurbiprofen and diclofenac. The available medical records for review include a Panel Qualified Medical Evaluation dated 12/10/2013. These records indicate that the patient has chronic pain in the head, shoulders, cervical and thoracic spine. He has undergone imaging studies, an EMG/NCV study, and consultation with neurology, chiropractic physiotherapy, physical therapy, neuropsychiatric testing and a sleep evaluation. Diagnoses have included the following: Cervical Bulging Disc Syndrome, Upper Extremity Radiculopathy, Thoracic Spine Strain and Sprain, Left Shoulder Strain and Sprain. His medication regimen has included: Flexeril, Ultram, Mobic, Zantac, Lyrica and Topical Analgesic Creams. There was a recommendation for initiation and titration of Gabapentin; however, it is unclear whether this was used by the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND-CAPSACIN 0.0375% MONTHOL, 10 CAMPHOR 2.5%, TRAMADOL 20%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics..

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of topical analgesics for the treatment of pain syndromes. This class of medications are considered largely experimental with few randomized trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is insufficient evidence in the medical records that the patient has had an adequate trial of antidepressants and anticonvulsants for the neuropathic component of his chronic pain. As noted above, there was a recommendation for a trial of Gabapentin with titration; however, it is unclear whether this was carried out.

COMPOUND-FLURBIPROFEN 25% DICLOFENAC 10% 240MG, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics..

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of topical analgesics for the treatment of pain syndromes. This class of medications are considered largely experimental with few randomized trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These guidelines comment on the use of Non-Steroidal Anti-Inflammatory agents (NSAIDs) as components of topical analgesics. The efficacy in clinical trials for this treatment modality has been inconsistent. Topical NSAIDs are not recommended for the treatment of neuropathic pain. Further, one component of this compounded topical analgesic, Diclofenac, is recommended for the relief of osteoarthritis of the ankle, elbow, foot, hand, knee and wrist. It has not been evaluated for the treatment of the spine, hip or shoulder.