

Case Number:	CM14-0015384		
Date Assigned:	02/28/2014	Date of Injury:	08/09/2011
Decision Date:	06/30/2014	UR Denial Date:	01/29/2014
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 Physical Medicine & Rehabilitation and Pain Medicine, and is licensed to practice in Texas and Ohio. 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 53-year-old female who reported an injury on 08/09/2010. The mechanism of injury was not provided in the clinical documentation submitted. Within the clinical note dated 11/22/2013, the injured worker reported having an exacerbation of low back pain causing severe sharp pain with spasms and weakness with no leg pain or numbness. The injured worker previously underwent a lumbar transforaminal epidural injection with 5% pain relief. The injured worker noted pain level to be 0/10. The injured worker had undergone conservative therapies including home exercise program, bed rest, active modification with heat and ice, physical therapy modalities chiropractic treatments, and anti-inflammatory medications. Upon the physical examination, the provider noted lumbar spine to be tender from L3 to L5 level bilaterally. There was bilateral lumbar facet tenderness at L3-4, L4-5, and L5-S1 level. The pain in the lumbar spine worsened on extension, side bending and rotation of the spine. The range of motion of the lumbar spine was limited. Neurological examination was normal. There was no evidence of lumbar radiculopathy. The injured worker had diagnoses of lumbar spondylosis without myelopathy, bilateral lumbar facet syndrome, mechanical low back pain, status post diagnostic lumbar facet injection with positive results, failed conservative therapies for pain control, physical therapy modalities, chiropractic treatment, anti-inflammatory medications, and muscle relaxants for more than 12 weeks. The provider requested for compound medication of capsaicin 0.0375%, menthol 10%, camphor 2.5%, and tramadol. However, rationale was not provided for review within the documentation. The request for authorization was not provided in the clinical documentation submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND MEDICATION/CAPSAICIN 0.0375%/MENTHOL 10%/CAMPHOR 2.5%/TRAMADOL 20%: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

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

Decision rationale: The request for compound medication/capsaicin 0.0375% /menthol 10%/ camphor 2.5%/ tramadol 20% is not medically necessary. The injured worker complained of an exacerbation of low back pain causing severe sharp pain with spasms and weakness with no leg pain or numbness. The California MTUS Guidelines note topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines note any compounded product that contains 1 drug or drug class that is not recommended is not recommended. The guidelines note topical analgesics are indicated for osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. The guidelines recommended the use of topical analgesics for short-term use of 4 to 12 weeks. Capsaicin is generally available in 0.025% formulation. There had been no studies of a 0.0375% formulation of capsaicin, and there is no current indication that this increased over a 0.025% formulation would provide any further efficacy. The guidelines note tramadol is a centrally acting synthetic opioid analgesic and is not recommended for first line oral analgesics. There was lack of documentation indicating the injured worker to have signs and symptoms or diagnosed with osteoarthritis or tendonitis. The requested medication contains capsaicin 0.0375% which exceeds the guideline recommendations of 0.025%. Additionally, the injured worker has been utilizing the medication for an extended period of time since 11/22/2013 which exceeds the guideline recommendations of 4 to 12 week usage. Therefore, the request for compound medication capsaicin 0.0375% /menthol 10%/ camphor 2.5%/ tramadol 20% is not medically necessary.