

Case Number:	CM14-0016438		
Date Assigned:	04/11/2014	Date of Injury:	03/06/2009
Decision Date:	11/06/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/10/2014

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 and Rehabilitation 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:

This 57 year-old patient sustained an injury on 3/6/09 while employed by [REDACTED]. Request(s) under consideration include Retroactive Request for Capsaicin/ Menthol/ Camphor/ Tramadol and Diclofenac Compound Cream. Diagnoses include lumbosacral neuritis; disc degeneration; and myalgia/ myositis. Panel supplemental report of 12/23/13 from the provider noted the patient with multi-spinal and shoulder complaints with non-orthopedic history of cerebrovascular accident with left hemiparesis on 2/4/10 and 9/9/12. The patient was deemed P&S and MMI as of 9/9/13 for injury of 3/6/09. Future medical provision included oral medication. Report of 1/21/14 from the chiropractic provider noted the patient with cervical, thoracic, and lumbar spine, myospasms, and numbness with loss of range in bilateral shoulder. Exam showed patient using cane for assistance; painful limited range of cervical and lumbar spine and shoulders; diffuse sensory loss in upper and lower extremities in hands/feet; with trigger points at spine. Treatment included follow-up pain management; cardiologist; with the patient remaining off work. The request(s) for Retroactive Request for Capsaicin/ Menthol/ Camphor/ Tramadol and Diclofenac Compound Cream was non-certified on 1/13/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROACTIVE REQUEST FOR CAPSAICIN/MENTHOL/CAMPHOR/TRAMADOL AND DICLOFENAC COMPOUND CREAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC: PAIN: TOPICAL COMPOUNDED ANALGESICS

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Largely experimental in use with few randomized controlled trials to determin.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic of opioid and high dose capsaicin 0.0375% over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2009 without documented functional improvement from treatment already rendered. The Retroactive Request for Capsaicin/ Menthol/ Camphor/ Tramadol and Diclofenac Compound Cream is not medically necessary and appropriate.