

Case Number:	CM14-0017801		
Date Assigned:	04/16/2014	Date of Injury:	01/01/1995
Decision Date:	07/18/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/12/2014

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 Occupational 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 on 01/01/1995. He kicked in a door and his foot got stuck. When he pulled out his foot, he immediately had pain radiating to his testicles. After this sudden pain, he experienced back spasms. Prior treatment history has included physical therapy and epidural steroid injections. Follow-up evaluation note dated 03/12/2014 reports the patient is currently taking Kadian 20 mg three times a day; Effexor XR 300 mg every morning; Ambien 10 mg every bedtime; Norco 10/325 10 mg four times a day; BuSpar 15 mg every day; Prilosec 20 mg q. day; Anaprox 550 mg twice a day.; Elavil 25 mg every bedtime.; and Soma 350 mg four times a day. The patient presents for follow up of his recent back surgery. He has reduced the dose of the Kadian but still needs it for pain control. The medication causes nausea in high dose and so he needs the cream to control the pain and reduce the medication dose. He needs the topical cream for the localized pain in the back. The oral medication also gives him gastritis, constipation, and nausea and he needs the topical medication to reduce the dose of the oral medication. He still has some left leg pain and weakness. He has been successful in weaning the Kadian from 60 mg a day to 40 mg. Diagnoses are lumbar nerve root injury; discogenic syndrome of the lumbar; epidural fibrosis; lumbar facet arthropathy; pseudoarthrosis; muscle spasm; gastritis; and constipation. The patient received CMC T20 TD cream, capsaicin 0.0375%; menthol 10%; camphor 2.5%; Tramadol 20% cream four times a day as needed 30 gm administered on 12/23/2013 with 0 refills applied in the office.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPICAL CREAM COMPOUND MEDICATION: CAPSAICIN .0357%, MENTHOL 10%, CAMPHOR 2.5%, TRAMADOL 20%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG Pain Chapter, Compounded Topical analgesics).

Decision rationale: According to the CA MTUS guidelines, topical analgesics are considered to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. The medical records do not establish that to be the case of this patient. Review of the medical records document the patient's treatment includes oral medications. There is no basis for synthetic opioid in topical formulation. Furthermore, the guidelines state there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. As any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the request is not medically necessary according to the guidelines.