

Case Number:	CM14-0019816		
Date Assigned:	04/28/2014	Date of Injury:	07/20/2013
Decision Date:	07/08/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/18/2014

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 Orthopedic Surgery 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 46 year old female who sustained an injury on 07/20/13 while using a dolly to carry a trash box. While lifting the box, the injured worker was pulled into the trash bin sustaining an injury to the entire right upper extremity. Prior conservative treatment included the use of physical therapy through August of 2013. Medications have included Robaxin as well as Relafen. No side effects from either medication were noted. MRI studies were noted to show mild disc bulging at C3-4 and at C5-6. Electrodiagnostic studies were recommended. Per the reports, electrodiagnostic studies were reported as positive for radiculopathy. A topical ointment was prescribed as of 11/18/13 by [REDACTED]. As of 01/06/14, the injured worker had continuing persistent neck pain radiating to the right upper extremity with associated migraine headaches and blurred vision in the right eye. On physical examination, there continued to be decreased range of motion of the cervical spine. No range of motion loss in the upper extremities was noted. There was tenderness to palpation in the upper trapezius. An overreaction response was noted. The injured worker was pending further psychological evaluation as well as a pain management evaluation for possible injections. Topical ointments were continued at this visit. The requested topical medications to include Capzasin, Menthol, Camphor, and Tramadol 240 grams as well as a separate topical medication containing Flurbiprofen and Diclofenac 240 grams was denied by utilization review on 02/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAPSAICIN .0375% MENTHOL 10% CAMPHOR 2.5% TRAMADOL 20% 240GM:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

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

Decision rationale: In regards to the requested compounded medication that included Capzasin, Menthol, Camphor, and Tramadol, 240 grams, this reviewer would not have recommended this medication as medically necessary. From the clinical documentation provided for review, there was no indication that this topical medication provided any substantial benefit after being prescribed by [REDACTED]. In the current evidence based guidelines, topical compounded medications are considered largely experimental and investigational due to the limited evidence regarding their efficacy. There is no indication that the patient had been unable to tolerate oral medications or that oral medications were contraindicated. There was no discussion regarding exhaustion of medications to address neuropathic pain. Furthermore, Tramadol is not FDA approved for transdermal use. Given the guideline recommendations regarding topical compounded medications, the request is not medically necessary and appropriate.

FLURBIPROFEN 25% DICLOFENAC 10% 240GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

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

Decision rationale: In regards to the requested compounded medication that included Flurbiprofen and diclofenac, 240 grams, this reviewer would not have recommended this medication as medically necessary. From the clinical documentation provided for review, there was no indication that this topical medication provided any substantial benefit after being prescribed by [REDACTED]. In the current evidence based guidelines, topical compounded medications are considered largely experimental and investigational due to the limited evidence regarding their efficacy. There is no indication that the patient had been unable to tolerate oral medications or that oral medications were contraindicated. There was no discussion regarding exhaustion of medications to address neuropathic pain. Furthermore, Flurbiprofen is not FDA approved for transdermal use. There was also no rationale provided the use of a topical compounded medication containing multiple NSAID medications. Given the guideline recommendations regarding topical compounded medications, the request is not medically necessary and appropriate.