

Case Number:	CM14-0115672		
Date Assigned:	08/04/2014	Date of Injury:	10/29/2011
Decision Date:	09/10/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/23/2014

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, has a subspecialty in Pain 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 injured worker is a 53 year-old male with an original date of injury of October 29, 2011. The patient carries diagnoses of lumbar spine discopathy, chronic lumbar spine pain, carpal tunnel syndrome, double crush syndrome, bilateral knee internal derangement, plantar fasciitis, mitral valve prolapse, prostate cancer, and gastric esophageal reflux disease. The disputed request is for a compounded formulation consisting of topical capsaicin, lidocaine, tramadol, ketoprofen, and glycerin. This request was placed on April 25, 2014 and was non-certified by a utilization review determination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transdermal Compound 60ml : Capsaicin Powder 0.024%;Lidocaine HCl powder 1.96%; Tramadol HCl Powder 0.80%; Ketoprofen powder 29.40%: Glycerin Liquid 56.80%:
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 Section Page(s): 111-3.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines, on pages 111-113, specify the following regarding topical Analgesics, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The California Medical Treatment and Utilization Schedule does not have provisions for topical tramadol. There is an absence of peer review controlled studies on topical tramadol and it is not recommended. Therefore, this compounded formulation containing this product is not medically necessary.