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| Case Number: | CM14-0125391 | | |
| Date Assigned: | 08/11/2014 | Date of Injury: | 07/30/2012 |
| Decision Date: | 09/11/2014 | UR Denial Date: | 07/07/2014 |
| Priority: | Standard | Application Received: | 08/07/2014 |

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 37-year-old male with a 7/30/12 date of injury. At the time (7/7/14) of request for authorization for retro compound medication Capsaicin 0.025%, Flurbiprofen 30%, Methyl Salicylate 4%, Lipoderm base DOS: 5-2-13, 5/20/13, 6/12/13, 7/8/13, 10/1/13; retro compound medication Flurbiprofen 30%, Tramadol 20%, Lipoderm base DOS: 5-2-13, 5/20/13, 6/12/13, 7/8/13, 10/1/13; and retro compound medication Tramadol HCL, Flurbiprofen, Cyclobenzaprine, Ultraderm base DOS: 2/1/14, 3/7/14; there is documentation of subjective (constant and stabbing pain in the neck; constant and sharp pain in the left shoulder; numbness in the left arm) and objective (cervical spine positive O'Donoghue, pain radiating to the C7 spinous process area, tenderness to palpation over the left trapezius muscle extending to the shoulder girdle and left scapular region, limited range of motion; shoulder tenderness to palpation, decreased range of motion, and positive impingement sign; left elbow pain to palpation over the lateral epicondyle, positive Cozen's) findings, current diagnoses (cervicalgia and left shoulder sprain/strain), and treatment to date (physical therapy, chiropractic, home exercises, acupuncture, and medications (including naproxen, omeprazole and tramadol)). Regarding the requested retro compound medication Flurbiprofen 30%, Tramadol 20%, Lipoderm base DOS: 5-2-13, 5/20/13, 6/12/13, 7/8/13, 10/1/13, there is no documentation that trials of antidepressants and anticonvulsants have failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Compound Medication Capsaicin 0.025%, Flurbiprofen 30%, Methyl Salicylate 4%, Lipoderm base DOS: 5-2-13, 5/20/13, 6/12/13, 7/8/13, 10/1/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Compound Drugs.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of cervicalgia and left shoulder sprain/strain. However, retro compound medication Capsaicin 0.025%, Flurbiprofen 30%, Methyl Salicylate 4%, Lipoderm base DOS: 5-2-13, 5/20/13, 6/12/13, 7/8/13, 10/1/13 contains at least one drug (capsaicin) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for retro compound medication Capsaicin 0.025%, Flurbiprofen 30%, Methyl Salicylate 4%, Lipoderm base DOS: 5-2-13, 5/20/13, 6/12/13, 7/8/13, 10/1/13 is not medically necessary and appropriate.

Retro Compound Medication Flurbiprofen 30%, Tramadol 20%, Lipoderm base DOS: 5-2-13, 5/20/13, 6/12/13, 7/8/13, 10/1/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Compound Cream.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Within the medical information available for review, there is documentation of diagnoses of cervicalgia and left shoulder sprain/strain. In addition, there is documentation of neuropathic pain. However, there is no documentation that trials of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for retro compound medication Flurbiprofen 30%, Tramadol 20%, Lipoderm base DOS: 5-2-13, 5/20/13, 6/12/13, 7/8/13, 10/1/13 is not medically necessary and appropriate.

Retro Compound Medication Tramadol HCL, Flurbiprofen, Cyclobenzaprine, Ultraderm base DOS: 2/1/14, 3/7/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Compound Cream.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of cervicalgia and left shoulder sprain/strain. However, retro compound medication Tramadol HCL, Flurbiprofen, Cyclobenzaprine, Ultraderm base DOS: 2/1/14, 3/7/14 contains at least one drug (cyclobenzaprine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for retro compound medication Tramadol HCL, Flurbiprofen, Cyclobenzaprine, Ultraderm base DOS: 2/1/14, 3/7/14 is not medically necessary and appropriate.