

Case Number:	CM14-0126801		
Date Assigned:	08/13/2014	Date of Injury:	07/02/2012
Decision Date:	10/02/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/11/2014

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 Preventive 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:

According to the records made available for review, this is a 47-year-old male with a 7/2/12 date of injury. At the time (8/1/14) of the Decision for Retrospective for 10/14/13 Menthol 2%, Camphor 2% 240 gram topical, Retrospective for 10/14/13 Flurbiprofen 20%, Tramadol 20% 240 gram topical, Retrospective for 10/14/13 Medrox patch #30, and Retrospective for 10/14/13 Capsaicin 0.025%, Flurbiprofen 30%, Methyl Salicylate 4%, Tramadol 10%, there is documentation of subjective (constant neck pain, low back pain, left shoulder pain and left knee pain) and objective (decreased and painful cervical range of motion, tenderness to palpation over the cervical paravertebral muscles and right trapezius with muscle spasms; positive shoulder depression test; tenderness to palpation over the lumbar paravertebral muscles with muscle spasms; tenderness to palpation over the left shoulder with positive supraspinatus press test; and tenderness to palpation over the bilateral anterior and lateral knees with positive McMurray's tests) findings, current diagnoses (cervical sprain/strain, thoracic sprain/strain, bilateral knee internal derangement, and lumbar sprain/strain), and treatment to date (not specified). Regarding Retrospective for 10/14/13 Menthol 2%, Camphor 2% 240 gram topical, Retrospective for 10/14/13 Flurbiprofen 20%, Tramadol 20% 240 gram topical, and Retrospective for 10/14/13 Capsaicin 0.025%, Flurbiprofen 30%, Methyl Salicylate 4%, Tramadol 10%, there is no documentation of neuropathic pain when 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:

Retrospective for 10/14/13 Menthol 2%, Camphor 2% 240gram topical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

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 cervical sprain/strain, thoracic sprain/strain, bilateral knee internal derangement, and lumbar sprain/strain. However, there is no documentation of neuropathic pain when trials of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Retrospective for 10/14/13 Menthol 2%, Camphor 2% 240 gram topical is not medically necessary.

Retrospective for 10/14/13 Flurbiprofen 20%, Tramadol 20% 240 gram topical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

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 cervical sprain/strain, thoracic sprain/strain, bilateral knee internal derangement, and lumbar sprain/strain. However, there is no documentation of neuropathic pain when trials of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Retrospective for 10/14/13 Flurbiprofen 20%, Tramadol 20% 240 gram topical is not medically necessary.

Retrospective for 10/14/13 Medrox patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

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

Decision rationale: Medrox cream is a compounded medication that includes 0.0375% Capsaicin, 20% Menthol, and 5% Methyl Salicylate. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation 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 cervical sprain/strain, thoracic sprain/strain, bilateral knee internal derangement, and lumbar sprain/strain. However, Medrox cream contains at least one drug (capsaicin in a 0.0375% formulation) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Retrospective for 10/14/13 Medrox patch #30 is not medically necessary.

Retrospective for 10/14/13 Capsaicin 0.025%, Flurbiprofen 30%, Methyl Salicylate 4%, Tramadol 10%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

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 cervical sprain/strain, thoracic sprain/strain, bilateral knee internal derangement, and lumbar sprain/strain. However, there is no documentation of neuropathic pain when trials of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Retrospective for 10/14/13 Capsaicin 0.025%, Flurbiprofen 30%, Methyl Salicylate 4%, Tramadol 10% is not medically necessary.