

Case Number:	CM14-0135325		
Date Assigned:	08/27/2014	Date of Injury:	12/30/2013
Decision Date:	10/08/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/18/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 46 year old woman who was injured on 12/30/2013. The diagnoses are neck, upper and low back pain. On 7/2/2014, [REDACTED] noted subjective complaints of pain with associated muscle spasm. [REDACTED] noted that the patient had completed trigger points injections. The UDS (urine drug screen) was positive for tramadol. On 2/20/2014, [REDACTED] discharged the patient from care because of full resolution of symptoms. The patient had reported that the pain had resolved. There was no physical finding. It was recommended that the patient return to full duty without any restriction. A Utilization Review determination was rendered on 8/13/2014 recommending non certification for compound capsaicin 0.025% / flurbiprofen 20%/ tramadol 15% / menthol 2%/ camphor 2% 180gm and gabapentin 10% / lidocaine 5%/ tramadol 15% 180gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2% 180gm.:

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 compound Page(s): 111-113.

Decision rationale: The CA MTUS recommend that topical compound preparations of medications can be utilized for the treatment of localized neuropathic pain that did not respond to first line anticonvulsant and antidepressant medications. It is recommended that the medications be tried and evaluated individually for efficacy. The records indicate that the patient reported complete resolution of the symptoms and signs in February 2014. There is no indication of any recurrent pain that did not respond to standard first line medications. There is lack of guideline or FDA support for the use of tramadol or gabapentin in topical formulations. The criteria for the use of compound capsaicin 0.025% / flurbiprofen 20% / tramadol 15%/ menthol 2%/ camphor 2% 180gm was not met. Therefore, the request is not medically necessary.

Compounded Gabapentin 10%, Lidocaine 5%, Tramadol 15% 180gm: 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 compound Page(s): 111-113.

Decision rationale: The CA MTUS recommend that topical compound preparations of medications can be utilized for the treatment of localized neuropathic pain that did not respond to first line oral anticonvulsant and antidepressant medications. It is recommended that the medications be tried and evaluated individually for efficacy. The records indicate that the patient reported complete resolution of the symptoms and signs in February 2014. There is no indication of any recurrent pain that did not respond to standard first line medications. There is lack of guideline or FDA support for the use of tramadol or gabapentin in topical formulations. The criterion for the use of gabapentin 10%/ lidocaine 5% / tramadol 15% 180gm was not met. Therefore, the request is not medically necessary.