

Case Number:	CM14-0135658		
Date Assigned:	09/08/2014	Date of Injury:	06/26/2012
Decision Date:	10/10/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/22/2014

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 and is licensed to practice in Texas and Ohio. 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 45 year old male who reported injury on 06/26/2012, related to a fall. Diagnoses included lumbar spine sprain/strain, bilateral knee sprain/strain, anxiety disorder, mood disorder, sleep disorder, and stress. The past treatments included physical therapy. An MRI of the right knee, dated 07/16/2014, revealed intrasubstance degeneration of the posterior horn of the medial meniscus. An MRI of the left knee, dated 07/15/2014, revealed osteoarthritic changes and oblique tear of the posterior horn of the medial meniscus. An MRI of the lumbar spine revealed L5-S1 moderate to severe neural foraminal narrowing with nerve root compromise. Surgical history noted a left hand surgery and an eye surgery. The orthopedic surgeon's progress note, dated 07/07/2014, noted the injured worker complained of sharp low back pain radiating down the hips to the left leg, rated 5-6/10, with numbness and tingling to the bilateral lower extremities, and burning, bilateral knee pain rated 5-6/10. The physical exam revealed tenderness to palpation of the lumbar paraspinal muscles, sciatic notch tenderness, tenderness to palpation of the knees, bilaterally, without instability, slightly decreased sensation to pin prick and light touch at the L4, L5, and S1 dermatomes bilaterally, motor strength 4/5 to the bilateral lower extremities, and 2+ deep tendon reflexes bilaterally. Medications included Deprizine (contains ranitidine), Dicopanol (contains diphenhydramine), Fanatrex (contains gabapentin), Synapryn (contains Tramadol and glucosamine), Tabradol (contains cyclobenzaprine and methylsulfonylmethane), Capsaicin, Flurbiprofen, Tramadol, and Menthol. The treatment plan requested to continue medications, obtain MRI of the lumbar spine, coccyx, and the right and left knee, and add Terocine patches for pain relief. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CONTAINER OF FLURBIPROFEN 20% AND TRAMADOL 15% 210 GRAMS:

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 based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: B LeBon, G Zeppetella, IJ Higginson (2009). Effectiveness of topical administration of opioids in palliative care: a systematic review. Journal of pain and symptoms-Elsevier.

Decision rationale: The request for 1 container of Flurbiprofen 20% and Tramadol 15% 210 grams is not medically necessary. The injured worker had back and knee pain. The California MTUS guidelines recommend topical NSAIDs for osteoarthritis and tendonitis of the knee and elbow, or other joints amenable to topical application. Peer reviewed literature states that there is a deficiency of higher quality evidence on the role of topical opioids and that more robust primary studies are required to inform practice recommendations. The guidelines do not recommend the use of any compounded product that contains at least one drug (or drug class) that is not recommended. There is a lack of documentation indicating the injured worker has a diagnosis of osteoarthritis or tendinitis to a joint amenable to topical treatment. The use of tramadol for topical application is not recommended per peer reviewed literature. As the guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the medication would not be indicated. The location intended for treatment as well as the frequency at which the medication is to be used were not included to determine medical necessity. Therefore, the request is not medically necessary.

1 CONTAINER OF CAPSAICIN 0.025% FLURBIPROFEN 20% TRAMADOL 15% MENTHOL 2% AND CAMPHOR 2% 210 GRAMS: 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: The request for 1 container of capsaicin 0.025%, flurbiprofen 20%, Tramadol 15%, menthol 2%, and camphor 2% 210 grams is not medically necessary. The injured worker had back and knee pain. The California MTUS guidelines recommend Capsaicin 0.025% for treatment of osteoarthritis in patients who have not responded to other treatments or are intolerant of other treatments. The California MTUS guidelines recommend topical NSAIDs for osteoarthritis and tendonitis of the knee and elbow, or other joints amenable to topical application. Peer reviewed literature states that there is a deficiency of higher quality evidence on the role of topical opioids and that more robust primary studies are required to inform practice

recommendations. The guidelines do not recommend the use of any compounded product that contains at least one drug (or drug class) that is not recommended. There is a lack of documentation indicating the injured worker has a diagnosis of osteoarthritis or tendinitis to a joint amenable to topical treatment. There is no indication that the injured worker has been intolerant of other treatments or has not responded to other treatments. The use of tramadol for topical application is not recommended per peer reviewed literature. As the guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the medication would not be indicated. The location intended for treatment as well as the frequency at which the medication is to be used were not included to determine the medical necessity of the medication. Therefore, the request is not medically necessary.