

Case Number:	CM14-0137304		
Date Assigned:	09/05/2014	Date of Injury:	10/29/2011
Decision Date:	10/08/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/25/2014

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 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 injured worker is a 56-year-old male who reported an injury on 10/29/2011. The injury reportedly occurred when he was swinging a breathing apparatus onto his back during an industrial fire. His diagnosis/diagnoses were not specified within the submitted medical records. Past treatments have included physical therapy, topical analgesics, and medications. A request was received for a Transdermal Compound, 60ml (Capsaicin powder, Lidocaine, Hydrochloride, Tramadol Hydrochloride powder). A clinical note with subjective and objective findings as well as a medication list, treatment plan, and rationale for the request was not submitted in the medical records. The formal Request for Authorization Form was also not submitted.

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, Lidocaine, Hydrochloride, Tramadol Hydrochloride powder): 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 Page(s): 111-113..

Decision rationale: According to the California MTUS Chronic Pain Guidelines, topical analgesics are largely experimental in use with limited evidence demonstrating efficacy and safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The clinical information submitted for review failed to show adequate documentation showing that the injured worker has neuropathic pain and that he has tried and failed antidepressants and anticonvulsants. In addition, the guidelines state that any topical compounded product that contains 1 drug that is not recommended is not recommended. In regard to capsaicin, the guidelines state that Capsaicin is recommended only in patients who have not responded or who are intolerant to other treatments and not above a 0.025 percent formulation. In regard to lidocaine, the guidelines state that topical lidocaine is only recommended in the formulation of the brand name Lidoderm patch and no other commercially approved topical formulation to lidocaine is recommended for neuropathic pain at this time. The documentation submitted for review did not indicate that the injured worker had been intolerant or nonresponsive to first line treatments in order to warrant the use of capsaicin. In addition, the request does not indicate the formulation of Capsaicin to ensure that it is within the 0.025 percent formulation or lower, supported by the guidelines. Therefore, as the topical compound contains Capsaicin and lidocaine which are not recommended, the compound is also not recommended. Moreover, the request, as submitted, did not indicate the dose, directions for use, or frequency. For the reasons noted above, the request is not medically necessary.