

Case Number:	CM14-0159479		
Date Assigned:	10/03/2014	Date of Injury:	05/07/2013
Decision Date:	11/26/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/29/2014

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 and Rehabilitation 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 59-year-old male with a 5/7/13 date of injury, and C5-6 and C6-7 anterior cervical discectomy and fusion on 4/29/14. At the time (9/12/14) of the Decision for Compound cream (Flurbiprofen 25%, Lidocaine 5%, Menthol 5%, Camphor 1%) and Compound cream (Tramadol 15%, Dextromethorphan 10%, Capsaicin 0.025%), there is documentation of subjective (upper back and low back pain) and objective (decreased range of motion of the cervical and lumbar spine and positive straight leg raising test) findings, current diagnoses (lumbar/lumbosacral degenerative disc disease), and treatment to date (medications (including ongoing treatment with Norco)). Regarding Compound Cream (Tramadol 15%, Dextromethorphan 10%, Capsaicin 0.025%), there is no documentation that a trial 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:

Compound Cream (Flurbiprofen 25%, Lidocaine 5%, Menthol 5%, Camphor 1%):
Upheld

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

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 a diagnosis of lumbar/lumbosacral degenerative disc disease. However, Compound cream (Flurbiprofen 25%, Lidocaine 5%, Menthol 5%, Camphor 1%) contains at least one component (Lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Compound cream (Flurbiprofen 25%, Lidocaine 5%, Menthol 5%, Camphor 1%) is not medically necessary.

Compound Cream (Tramadol 15%, Dextromethorphan 10%, Capsaicin 0.025%): Upheld

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

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 documentation of neuropathic pain when trial of antidepressants and anticonvulsants have failed, as criteria necessary to support the medical necessity of topical analgesics. Within the medical information available for review, there is documentation of a diagnosis of lumbar/lumbosacral degenerative disc disease. 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 Compound cream (Tramadol 15%, Dextromethorphan 10%, Capsaicin 0.025%) is not medically necessary.