

Case Number:	CM14-0169511		
Date Assigned:	10/17/2014	Date of Injury:	07/21/2014
Decision Date:	11/19/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/14/2014

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 Family 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 medical records the injured worker is a 51-year-old female who sustained an industrial injury on July 21, 2014 at which time she slipped onto concrete steps. She fell against her left side and shoulder. The injured worker was seen on July 25, 2014 complaining of 8 to 9/10 left shoulder pain. She is using Ibuprofen in addition to Omeprazole to relieve G.I. upset. She uses Norco. She reports minimal relief from medications. She was diagnosed with left shoulder pain and left knee abrasion. Left shoulder MRI was ordered. She was given a prescription for Tramcap-C. On August 1, 2014 the injured worker stated Tramcap-C increases her discomfort. She is using Ibuprofen, Omeprazole and Norco. Left shoulder MRI dated August 19, 2014 revealed the following impression: Bursal surface supraspinatus tendinosis/tendinitis, no retracted rotator cuff tear, subacromial/subdeltoid bursitis and osteoarthritic change at the acromioclavicular joint for which clinical correlation for impingement is advised. The injured worker was seen on August 27, 2014 at which time she complained of 8 to 9/10 shout left shoulder pain. The injured worker states she is not using the analgesic cream that was prescribed. She says it is not comfortable at all. Utilization review was performed on July 25, 2014 at which time recommendation was made to non-certify the request for Tramadol/Capsaicin/Menthol/Camphor Transdermal Compound date of service July 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective for Date of Service 07/25/14 Tramadol/Capsaicin/Menthol/Camphor 30gm (transdermal compounds): 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): 110-112.

Decision rationale: Retrospectively, Tramadol/Capsaicin/Menthol/Camphor 30gm was not medically necessary. According to the CA MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, there is no evidence of neuropathic pain. There's also no evidence that the injured worker is unable to tolerate oral medications. Furthermore, the guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Tramadol is not supported in a topical formulation. As such, the request for topical compound DOS July 25, 2014 is not medically necessary.