

Case Number:	CM14-0181441		
Date Assigned:	11/06/2014	Date of Injury:	12/10/2008
Decision Date:	12/12/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/31/2014

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 Internal Medicine and is licensed to practice in New York and New Jersey. 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 42-year-old male who reported an injury on 12/10/2008. The mechanism of injury was not submitted for clinical review. The diagnoses included lumbar spine pain, and myofascial pain syndrome. Previous treatments included lumbar spine facet injections, medication, a home exercise program, and ESWT. Within the clinical note dated 05/12/2014, it was reported the injured worker complained of pain rated 6/10 to 8/10 in severity. On the physical examination, the provider noted the injured worker to have back pain and spasms. A request was submitted for compound cream. However, a rationale was not submitted for the clinical review. The Request for Authorization was not submitted for the clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream - Capsicin 0.5% / Menthol 2% / Camphor 2 % / Tramadol 8% / Gabapentin 10% and Microderm Base.: 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 NSAIDs Page(s): 111-113.

Decision rationale: The request for compound cream capsaicin 0.5% / menthol 2% / camphor 2% / tramadol 8% / gabapentin 10% and Microderm base is not medically necessary. The California MTUS Guidelines note topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. Capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. Tramadol is a centrally acting synthetic opioid analgesic and is not recommended as a first line oral analgesic. It is not recommended as a topical medication. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication since at least 05/2014, which exceeds the guidelines' recommendation of short term use. The request submitted failed to provide the frequency of the medication. Additionally, the request submitted failed to provide a treatment site. Therefore, the request is not medically necessary.