

Case Number:	CM14-0023679		
Date Assigned:	06/11/2014	Date of Injury:	06/24/2012
Decision Date:	08/01/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/24/2014

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 Management 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 26-year-old female with a 6/24/12 date of injury, and status post right shoulder arthroscopic surgery 3/27/13. At the time of the Decision for Compound (Cmpd) 240 Gm Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% and Compound (Cmpd) 240 Gm Gabapentin 10%, Lidocaine 5%, Tramadol 15%:, there is documentation of subjective (7/10 pain) and objective (abnormal cervical, thoracic and right shoulder range of motion, neck palpation reveals tenderness, Finkelsteins test negative, Phalens sign negative, Tinels negative, numbness in upper extremity, impingement signs present, tender to palpation over paraspinal area bilaterally, straight leg raising positive bilaterally, tenderness over plantar fascia and the calcaneal fibular ligament) findings, current diagnoses (unspecified musculoskeletal disorders and symptoms referable to neck, other unspecified back disorder, cervical neuritis/radiculopathy, lumbago, thoracic or lumbosacral neuritis or radiculitis, shoulder tenosynovitis, tarsal tunnel syndrome, and plantar fascial fibromatosis), and treatment to date (physical therapy, acupuncture, and chiropractic therapy).

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound (CMPD) 240 gm Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2%: 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: 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. Therefore, based on guidelines and a review of the evidence, the request for Compound (Cmpd) 240 Gm Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% is not medically necessary.

Compound (CMPD) 240 gm Gabapentin 10%, Lidocaine 5%, Tramadol 15%: 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: 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 diagnoses of unspecified musculoskeletal disorders and symptoms referable to neck, other unspecified back disorder, cervical neuritis/radiculopathy, lumbago, thoracic or lumbosacral neuritis or radiculitis, shoulder tenosynovitis, tarsal tunnel syndrome, and plantar fascial fibromatosis. However, the requested Compound (Cmpd) 240 Gm Gabapentin 10%, Lidocaine 5%, Tramadol 15 contains at least one drug (lidocaine and gabapentin) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Compound (Cmpd) 240 Gm Gabapentin 10%, Lidocaine 5%, Tramadol 15 is not medically necessary.