

Case Number:	CM14-0024666		
Date Assigned:	02/28/2014	Date of Injury:	09/10/2013
Decision Date:	08/04/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/26/2014

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:

The patient is a 44-year-old male who has submitted a claim for displacement of cervical intervertebral disc without myelopathy, brachial neuritis/radiculitis, lumbar facet joint hypertrophy, displacement of lumbar intervertebral disc without myelopathy, thoracic or lumbosacral neuritis/radiculitis, lumbar facet joint syndrome, associated with an industrial injury date of September 10, 2013. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 01/23/2014, showed constant pain in the right head, 4/10; a constant pain in the right eye, 3/10; a constant pain in the right face, 4/10; a constant pain in the right shoulder; a constant pain in the left wrist, 5/10; a constant pain in the neck, 4/10; a constant pain in the right upper back, 2/10; a constant pain in the lower back, 2/10; a constant pain in the left knee, 4/10. Physical examination revealed ambulation with an antalgic gait favoring the left. There was diminished light touch sensation to the right upper extremity corresponding to the C5 and C6 dermatomes. Minimal tenderness was noted on the suboccipital area bilaterally. Foraminal compression test was positive on both sides. There was restriction of the range of motion of the cervical spine. There was tenderness at the upper trapezius bilaterally. Kemp's test, facet, heel walk, and toe walk were positive bilaterally. There was diminished light touch sensation to the left lower extremity corresponding to the L5 and S1 dermatomes. There was severe tenderness of the paraspinal muscles at L3-S1. There was moderate tenderness at the sciatic nerve on the left. There was restriction of the lumbar range of motion. Treatment to date has included chiropractic treatment, acupuncture, and medications which include the topical creams (1. Gabapentin/lidocaine/tramadol; 2. Capsaicin/Diclofenac/Tramadol/Ketoprofen/Camphor; 3. Menthol) as early as December 2013. Utilization review from 02/04/2014 denied the request for the purchase of Compound 240MG Gabapentin 10%, Lidocaine 5% , Tramadol 15% because the compounded product contained at least one drug (or drug class) that was not recommended. The

request for 240MG Capsaicin 0.0375%, Diclofenac 20%, Tramadol 10%, Ketoprofen 10%, Camphor 2% was denied because the compounded product contained at least one drug (or drug class) that was not recommended. The request for Menthol 2% was denied but the reason was specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND 240MG GABAPENTIN 10 PERCENT, LIDOCAINE 5 PERCENT, TRAMADOL 15 PERCENT: 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 Analgesics Page(s): 111-113.

Decision rationale: According to pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, many agents are compounded as monotherapy or in combination for pain control. Gabapentin is not supported for its use as topical application. Topical formulations of Lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Tramadol is indicated for moderate to severe pain, but is likewise not recommended for topical use. In this case, compounded products were prescribed as adjuvant therapy for oral medications. However, there is no discussion concerning the need for three different topical medications. In addition, all of the components of this compound are not recommended for topical use. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for COMPOUND 240MG GABAPENTIN 10%, LIDOCAINE 5% , TRAMADOL 15% is not medically necessary.

240MG CAPSAICIN 0.0375 PERCENT, DICLOFENAC 20 PERCENT, TRAMADOL 10 PERCENT, KETOPROFEN 10 PERCENT, CAMPHOR 2 PERCENT: 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 Analgesics, pages 111-113; Capsaicin, Topical, page 28 Page(s): 111-113; 28.

Decision rationale: According to pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, many agents are compounded as monotherapy or in combination for pain control. Regarding the Capsaicin component, page 28 of the CA MTUS Chronic Pain Medical Treatment Guidelines states that topical Capsaicin has moderate to poor efficacy but may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. Diclofenac is FDA-approved topical agent. Tramadol is indicated for moderate to severe pain, but is likewise not recommended for

topical use. Ketoprofen is not recommended for topical use as there is a high incidence of photo contact dermatitis. The guidelines do not address camphor. In this case, compounded products were prescribed as adjuvant therapy for oral medications. However, there is no discussion concerning the need for five different topical medications. In addition, certain components of this compound (i.e., ketoprofen and tramadol) are not recommended for topical use. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request 240mg Capsaicin 0.0375%, Diclofenac 20%, Tramadol 10%, Ketoprofen 10%, Camphor 2% is not medically necessary.

MENTHOL 2 PERCENT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates.

Decision rationale: CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. The ODG Pain Chapter issued an FDA safety warning which identifies rare cases of serious burns that have been reported to occur on the skin where menthol or capsaicin were applied. There was no compelling rationale for indication of menthol in this case. Moreover, there is a simultaneous request for two other topical compounded products; it is unclear why multiple topical medications are needed. Therefore, the request for menthol 2% is not medically necessary.