

Case Number:	CM14-0026708		
Date Assigned:	06/27/2014	Date of Injury:	08/24/2010
Decision Date:	10/30/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	03/03/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in 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 patient is a 60-year-old woman who sustained a work-related injury on August 27, 2010. Subsequently, she developed chronic knees, right shoulder, and low back pain. The patient underwent knee surgery on May 6, 2011 and shoulder surgery on April 20, 2012. MRI of her left knee dated February 19, 2012 showed arthritis in her left knee. MRI study performed on October 2, 2010 showed tri-compartmental marginal osteophytosis and a tear in the posterior horn of the medial meniscus. MRI study of November 18, 2011 showed bilateral neuroforaminal narrowing at L5-S1 and L3-4 and disc disease and facet disease throughout the lumbar spine, most prominent at L4-5. The patient had an EMG/NCS of her lower extremities on December 14, 2012, which was normal. EMG/NCS of the right upper extremity dated December 9, 2013 revealed normal electrical findings. The medical report August 27, 2013 indicated that the physical exam of the right knee revealed medial joint line pain and swelling. The patient was diagnosed with multilevel disc disease of the lumbar spine and arthritis in both knees. The provider requested authorization for Compounded medications: Flurbiprofen 25%, Lidocaine 5%, Menthol 5%, and Camphor 1% and Tramadol 15%, Lidocaine 5%, Dextromethorphan 10%, and Capsaicin 0.025%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded medications: Flurbiprofen 25%, Lidocaine 5%, Menthol 5%, and Camphor 1% and Tramadol 15%, Lidocaine 5%, Dextromethorphan 10%, and Capsaicin 0.025%:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Compounded.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Tramadol cream as well as the other component of the proposed topical analgesic are effective in chronic pain management. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above the Compounded medication: Flurbiprofen 25%, Lidocaine 5%, Menthol 5%, and Camphor 1% and Tramadol 15%, Lidocaine 5%, Dextromethorphan 10%, and Capsaicin 0.025% is not medically necessary.