

Case Number:	CM14-0033644		
Date Assigned:	06/20/2014	Date of Injury:	03/29/2013
Decision Date:	07/23/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/17/2014

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 Physical Medicine & Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 67 year old male who sustained work related injuries on 03/29/13. On this date it was reported that pipes fell on top of his right shoulder sustaining injuries to both the right shoulder and cervical spine. Recent clinical notes noted that the claimant had subjective reports of pain graded 8/10. Magnetic resonance imaging (MRI) of the cervical spine dated 09/11/13 indicated mild cervical spondylosis. MRI of the right shoulder on this same date noted a complete tear of the supraspinatus tendon with 4cm of retraction. Electromyogram/nerve conduction velocity (EMG/NCV) on 09/10/13 was reported as normal. Utilization review determination dated 08/20/13 indicated that the injured worker was approved for surgical intervention. However subsequent clinical notes did not clearly establish that the claimant ever underwent surgery. Physical examination the injured worker had reduced right shoulder range of motion with continued complaints of pain and myofascial tenderness. Utilization review request dated 02/07/14 non-certified the request for topical compounded medication containing capsaicin 0.025%, flurbiprofen 20%, tramadol 15%, menthol 2%, and camphor 2%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compounded medication consisting of Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Compounded Medications.

Decision rationale: The California Medical Treatment Utilization Schedule, the Official Disability Guidelines and United States Food and Drug Administration (FDA) do not recommend the use of compounded medications as these medications are noted to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Further, the FDA requires that all components of a transdermal compounded medication be approved for transdermal use and Flurbiprofen and Tramadol have not been approved. The request for topical compounded medication containing capsaicin 0.025%, flurbiprofen 20%, tramadol 15%, menthol 2%, and camphor 2% is not medically necessary.