

Case Number:	CM14-0035492		
Date Assigned:	06/23/2014	Date of Injury:	06/15/2011
Decision Date:	07/25/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/21/2014

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 Medicine 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 56-year-old female with a 6/15/11 date of injury. At the time (3/11/14) of request for authorization for Tramadol 15% with dextromethorphan 10%, capsaicin 0.025%, cream lipobase, 30 gm and Flurbiprofen 20% with lido 5%, menthol 5%, camphor 1% capsaicin 0.025% cream, 10 gm, there is documentation of subjective (dull to sharp pain in the low back, radiating to the right lower extremity with numbness, pain aggravated by lifting, bending, and stopping) and objective (decreased range of motion, tenderness of the right posterior thigh, sciatic notch, gluteal notch, gluteal area, sacroiliac joint, and midline lumbar spine L4-S1) findings, current diagnoses (myoligamentous strain of the lumbar spine with radicular symptoms), and treatment to date (activity modification, physical therapy, acupuncture, H-wave, left knee steroid injection, and medications (including naproxen, Prilosec, Neurontin, Flexeril, and Ultram)). Regarding the requested Tramadol 15% with dextromethorphan 10%, capsaicin 0.025%, cream lipobase, 30 gm, there is no documentation that trials of antidepressants and anticonvulsants have failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 15% with Dextromethorphan 10%, Capsaicin 0.025% cream lipobase, 30gm:
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.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Within the medical information available for review, there is documentation of diagnoses of myofascial strain of the lumbar spine with radicular symptoms. In addition, there is documentation of neuropathic pain. However, there is no documentation that trials of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Tramadol 15% with dextromethorphan 10%, capsaicin 0.025%, cream lipobase, 30 gm is not medically necessary.

Flurbiprofen 20% with Lido 5%, Menthol 5%, Camphor 1%, Capsaicin 0.025% cream, 10 gm: 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 Flurbiprofen 20% with lido 5%, menthol 5%, camphor 1% capsaicin 0.025% cream, 10 gm is not medically necessary.