

Case Number:	CM14-0039881		
Date Assigned:	06/27/2014	Date of Injury:	03/15/2013
Decision Date:	08/18/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/04/2014

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 and Nevada. 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 49 year old female who sustained injuries to her bilateral knees and right shoulder secondary to trip and fall on 03/15/13. She had current diagnosis of lumbalgia, bilateral knee pain, osteoarthritis, and right shoulder pain. Treatment to date has included oral medications, compounded creams, 18 + sessions of chiropractic, and right knee Synvisc injections. The submitted clinical records reported that the injured worker had benefit from compounded medications. However, this was not quantified. A utilization review determination dated 03/10/14 non-certified the request for compounded cream containing tramadol 8%, gabapentin 10%, menthol 2%, camphor 2%, and capsaicin 0.05%. An additional request for refill of Tizanidine 4mg every night at bedtime #30 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill compound analgesic cream containing Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2% and Capsaicin 0.05%: 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, pages 111-113 Page(s): 111-113.

Decision rationale: The request for refill of compound analgesic cream containing Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2% and Capsaicin 0.05% is not medically necessary. Submitted clinical records indicate that the claimant sustained multiple injuries as a result of a trip and fall on 03/15/13. The claimant is reported to have had benefit from this topical analgesic. However, this was not quantified in the clinical record. The California Medical Treatment Utilization Schedule, Official Disability Guidelines and US 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. This compound contains: Tramadol 8% and Gabapentin 10% which have not been approved by the FDA for transdermal use. Any compounded product that contains at least one drug (or drug class) that is not recommended and therefore not medically necessary.

Refill Tizanidine 4mg qhs (every night at bedtime) #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, page(s) 63-66 Page(s): 63-66.

Decision rationale: The request for Refill Tizanidine 4mg qhs (every night at bedtime) #30 is not supported as medically necessary. The submitted clinical records indicate that the injured worker has chronic pain associated with a trip and fall on 03/15/13. The most recent physical examinations do not provide any objective data establishing the presence of active myospasm for which this medication would be clinically indicated. CA MTUS does not support the the prolonged use of muscle relaxants in the treatment of chronic pain. As such medical necessity for continued use of this medication is not established.