

Case Number:	CM14-0040312		
Date Assigned:	07/02/2014	Date of Injury:	01/14/2013
Decision Date:	08/21/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/07/2014

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 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 injured worker is a 41-year-old female with an original date of injury of January 14, 2013. The industrial diagnoses include low back pain, lumbar discs herniation, neck pain, head contusion, and left knee pain with meniscal tear document. The disputed issue is a request for compounded medication. A utilization review determination had denied this request on March 28, 2014. The stated rationale was that topical compounded medications are largely experimental in use with few randomized controlled trials to determine efficacy or safety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Capsaicin/Menthol/Camphor/Tramadol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 143.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines, on pages 111-113, specify the following regarding topical Analgesics: any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The California Medical Treatment and Utilization Schedule does not have provisions for topical

tramadol. There is an absence of peer review controlled studies on topical tramadol and it is not recommended. Therefore, this compounded formulation containing this product is not medically necessary.