

Case Number:	CM14-0051781		
Date Assigned:	07/11/2014	Date of Injury:	08/05/2013
Decision Date:	08/11/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/20/2014

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 Occupational 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:

This patient is a 48-year-old female with a date of injury of 8/5/13. She has developed chronic spinal pain secondary to the reported injury. The medical records reveal a several year history of low back pain with a more recent addition of cervical and upper extremity discomfort. She has been treated with lumbar epidural injections, trigger point injections and oral analgesics. Recently the Norco was changed to Tramadol (dose recommended uncertain) and she was to continue the use of Robaxin. Diagnostic studies have included a cervical magnetic resonance imaging (MRI) showing diffused mild spondylitic changes without evidence of nerve compression. The lumbar MRI has shown L4-5 changes that could cause nerve root compression. Neurodiagnostics revealed no evidence of cervical radiculopathy; however, the electromyography (EMG) component of the lumbar testing was consistent with bilateral L5, S1 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MED CAPSAICIN 0.0375% MENTHOL 10% CAMPHOR 2.5% TRAMADOL 20%:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111,112.

Decision rationale: MTUS Chronic Pain Guidelines are very specific regarding the use of topical analgesics. If a single compounded agent is not FDA recommended for topical use the compounded blend is not recommended. MTUS Guidelines do not support the use of topical Tramadol and MTUS Guidelines do not support the use of .0375% Capsaicin. There are no unique circumstances to justify an exception to Guideline recommendations. The compounded capsaicin 0.0375% menthol 10% camphor 2.5% tramadol 20% is not medically necessary.

COMPOUND MED FLURBIPROFEN 25% DICLOFENAC 10%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 112.

Decision rationale: MTUS Chronic Pain Guidelines are very specific regarding the use of topical analgesics. If a single agent is not FDA recommended for topical use the compounded blend is not recommended. MTUS Guidelines recommend that only 1% Diclofenac is utilized as it is FDA reviewed and approved. The compounding of a blend with 10times the recommend strength of Diclofenac is not supported by Guidelines and presents an undue risk of over dosing the medication as there is systemic absorption. There are no unique circumstances that support an exception to Guideline recommendations. The compounded Flurbiprofen 25%/Diclofenac 10% is not medically necessary.