

Case Number:	CM14-0057337		
Date Assigned:	07/09/2014	Date of Injury:	06/19/2013
Decision Date:	08/14/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/25/2014

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:

Injured worker is a female with date of injury 6/19/2013. Per the primary treating physician's progress report dated 3/6/2014, the injured worker complains pain at the cervical spine with C6-C7 herniated nucleus pulposus (HNP), with left sided radiculopathy and headaches. On exam she has cervical spine pain with rotation and flexion. Cervical spine flexion is 40 degrees, extension is 40 degrees, right and left rotations are 65 and 60 degrees. There is a positive C7 defect left upper. Range of motion resistance increases her pain. Her diagnoses include degenerative/herniated 4mm C5-C7 disc injury of the cervical spine, and radiculopathy of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Lido 5%/Menthol 5%/ Camp 1 %, Three day compounded cream medication and additional 28 day supply: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs section, Topical Analgesics section Page(s): 67-73, 111-113.

Decision rationale: The MTUS Guidelines recommend the use of nonsteroidal anti-inflammatory drugs (NSAIDs) for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Topical NSAIDs have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. Flurbiprofen is supported for mild to moderate pain. The MTUS Guidelines do not recommend the use of topical Lidocaine that is not in a dermal patch form. Topical Lidocaine in the form of a dermal patch has been designated by the FDA for neuropathic pain. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and antipruritics. The use of topical analgesics are recommended by the MTUS Guidelines as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended for use. For this compounded topical analgesic, topical Lidocaine is not recommended, so the entire compounded agent is not recommended. As such, the request is not medically necessary.

Tramadol 15%/Dextro 10%/Cap 0.025% three day compounded cream and additional 28 day supply: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Topical section, Opioids for Neuropathic Pain section and Opioids, specific drug list section, Topical Analgesics section Page(s): 28, 29, 82, 83, 93, 94, 111-113.

Decision rationale: The MTUS Guidelines state that Tramadol is not recommended as a first-line oral analgesic. The guidelines do recommend the use of topical Capsaicin only as an option in patients who have not responded or are intolerant to other treatments. The use of topical analgesics are recommended by the MTUS Guidelines as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended for use. For this compounded topical analgesic, topical Tramadol and topical Dextromethorphan are not recommended, so the entire compounded agent is not recommended. The request for tramadol, dextromethorphan, capsaicin is determined to not be medically necessary.