

Case Number:	CM14-0060549		
Date Assigned:	07/09/2014	Date of Injury:	12/06/2007
Decision Date:	09/09/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/01/2014

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:

The injured worker is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of December 6, 2007. Thus far, the injured worker has been treated with the following: Analgesic medications; attorney representation; opioid therapy; transfer of care to and from various providers in various specialties; an earlier total knee arthroplasty; and unspecified amounts of physical therapy. In a Utilization Review Report dated April 8, 2014, the claims administrator denied a request for a topical compounded tram cap agent. The injured worker's attorney subsequently appealed. In a June 24, 2014 progress note, the injured worker reported persistent complaints of neck pain radiating into the arms with superimposed issues with craniomandibular (CMJ) joint osteoarthritis. The injured worker was, at one point, using a cane, it was acknowledged. The injured worker had issues with chronic low back pain and diabetic neuropathy, it was further noted, along with issues associated with superimposed depression and gastritis. The injured worker was given a variety of medications, including Gabapentin, Prozac, Prilosec, Norflex, and Norco. The injured worker's work status was not clearly stated, although it did not appear that the injured worker was working. In an earlier note dated May 22, 2014, the injured worker was given refills of Hydrocodone, Prozac, Prilosec, Norflex, and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound Tramcap C 120gm: 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 Topical Capsaicin Page(s): 28.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines note topical Capsaicin is indicated only as a last-line treatment, in injured workers who have not responded to and/or are intolerant of other treatments. In this case, however, the injured worker's ongoing use of numerous first-line oral pharmaceuticals, including Gabapentin, Norflex, Norco, etc. effectively obviates the need for the Capsaicin containing topical compound. Therefore, the request is not medically necessary.