

Case Number:	CM14-0062842		
Date Assigned:	07/11/2014	Date of Injury:	01/05/2012
Decision Date:	09/09/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	05/05/2014

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 is a 30-year-old male with a 1/5/12 date of injury. The mechanism of injury was not noted. According to a handwritten progress report dated 2/20/14, the patient complained of sexual dysfunction and low back pain. On examination, there was no change with continued low back tenderness. Diagnostic impression: low back disc herniation and annular tear. Treatment to date: medication management, activity modification, acupuncture, chiropractic treatment. A UR decision dated 4/7/14 denied the requests for Capsaicin 0.025 Flurbiprofen 15 percent Tramadol 13 percent Menthol 2 percent Camphor 2 percent 240gm and Diclofenac 25 percent Tramadol 15 percent 240gm. The use of topical and compound medication has not been shown to result in superior systemic blood levels versus appropriately used oral medications in FDA approved dosages. Therefore, the requests are not consistent with the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025%/Flurbiprofen 15%/Tramadol 13%/Menthol 2%/Camphor 2% 240gm (quantity unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113, 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Compound Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 page Page(s): 25,28, 111-113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Guidelines do not support the use of flurbiprofen or tramadol in a topical formulation. A specific rationale identifying why this medication is required in this patient despite lack of guideline support was not provided. Therefore, the request for Capsaicin 0.025%/Flurbiprofen 15%/Tramadol 13%/Menthol 2%/Camphor 2% 240gm (quantity unknown) is not medically necessary or appropriate.

Diclofenac 255/Tramadol 15% 240gm (quantity unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Compound Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 25,28, 111-113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Guidelines do not support the use of diclofenac in a 25 percent formulation or tramadol in a topical formulation. A specific rationale identifying why this medication is required in this patient despite lack of guideline support was not provided. Therefore, the request for Diclofenac 255/Tramadol 15% 240gm (quantity unknown) is not medically necessary or appropriate.