

Case Number:	CM14-0073064		
Date Assigned:	07/16/2014	Date of Injury:	08/08/2011
Decision Date:	08/22/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/20/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 42 year old male who was injured on 8/8/2011. His diagnoses include low back pain, right hip pain, right knee pain and insomnia. [REDACTED] documented subjective complaints of insomnia associated with severe pain. There were objective findings of muscle spasm and tenderness in the lower back. The medications are Hydrocodone and Naproxen for pain, Zolpidem for insomnia, Cyclobenzaprine for muscle spasm, and Omeprazole for the prevention and treatment of NSAIDs associated gastritis. The patient is also utilizing compound topical preparation. A Utilization Review determination was rendered recommending non certification for Capsaicin 0.025% / Flurbiprofen 30% / Methyl Salicylate 4% Lipoderm base and Amitriptyline 6% / Dextromethorphan 30% / Tramadol 10% / Lipoderm base.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Cream Capsaicin 0.025%, Flubiprofen 30%, Methyl Salicylate 4%, Lipoderm Base and #2 Amitriptyline 6%, Dexatromethorphan 30% , Tramadol 10%, Lipoderm base 210 gm: 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 9792.42.2 Pages Page(s): 67-73, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG addressed the use of topical analgesic preparations for the treatment of neuropathic pain. Topical analgesic products can be utilized when trials of oral NSAIDs, anticonvulsants and antidepressants are ineffective, cannot be tolerated or have failed. It is recommended that topical medications be tried individually for efficacy. The records did not show that the patient failed trials of individual first-line medications. The diagnoses are not consistent with neuropathic pain. The FDA or guideline indications for the use of tramadol and amitriptyline are only for oral formulations. The records did not show that the patient failed treatment with oral formulations of tramadol, amitriptyline or dextromethorphan. The patient is utilizing two NSAIDs as both oral naproxen and topical flurbiprofen with increased risk of NSAIDs induced complications. The criteria for the use of capsaicin 0.025%/flurbiprofen 30% / methyl salicylate 4% Lipoderm base and amitriptyline 6% / dextromethorphan 30% / tramadol 10% Lipoderm base was not met.