

Case Number:	CM14-0074453		
Date Assigned:	07/16/2014	Date of Injury:	11/11/2008
Decision Date:	09/24/2014	UR Denial Date:	05/03/2014
Priority:	Standard	Application Received:	05/21/2014

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 Physical Medicine & Rehabilitation 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 68 year old male who was injured on November 11, 2008 due to a five feet fall from a ladder onto the right side of the body with his equipment belt landing on him. The diagnoses listed as articular cartilage disorder involving forearm. The most recent progress note dated 6/27/14, reveals complaints of stabbing right wrist pain rated a 6 to 7 out of 10 on visual analog scale (VAS) with weakness, numbness, tingling, and pain radiating to the hand and fingers. Inability to fully grasp objects with the right hand is noted. Complaints of burning radicular low back pain and muscle spasm. Pain is rated 8 out of 10 radiating to the bilateral lower extremities with numbness and tingling. Difficulty balancing is noted. The injured worker is status post right hip replacement surgery with residual pain with muscle spasms. Pain is rated a 5 to 6 out of 10 on VAS. Prior treatment includes medications and right total hip replacement. It was noted that medication do provide temporary relief of pain and ability to sleep, pain is also alleviated by activity restrictions. A prior utilization review determination dated 5/2/14 resulted in denial of Capsaicin/ Flurbiprofen/ Tramadol/ Menthol/ Camphor 0.025/15/15/2/2 percent topical compound cream 240 gram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound Capsaicin 0.025%/Flurbiprofen 15%/Tramadol 15%/Menthol 2%/Camphor 2% compounded cream 240gm: Upheld

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

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

Decision rationale: According to the CA MTUS guidelines, topical analgesics are an option with specific indications, many agents are compounded as monotherapy or in combination for pain. There is little to no research to support the use of many of these agents. Topical analgesics are largely experimental. According to the CA MTUS guidelines, Capsaicin is appropriate and medically necessary for patients that are intolerant to first-line therapies, which is not the case for this injured worker. Per ODG/CA MTUS/ Food and Drug Administration (FDA), Tramadol is not approved for topical use. The CA MTUS/ODG states that the only NSAID that is FDA approved for topical application is diclofenac (Voltaren 1% Gel). The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the medical necessity of this compounded topical product is not established.