

Case Number:	CM14-0076635		
Date Assigned:	07/18/2014	Date of Injury:	10/02/2009
Decision Date:	09/23/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/27/2014

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, Osteopathic and is licensed to practice in Texas, Ohio, Michigan and Pennsylvania. 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 records submitted for review indicate the injured worker is a 58-year old male who sustained a 10/02/09 lifting injury. The most recent clinical note dated 03/13/14, indicate the injured worker reports continuing complaints of shoulder pain status post bilateral shoulder surgery on 02/11/11. The physician note on 03/13/14 is mostly illegible. The injured worker is not working at this time. Prescribed medications include: Naproxen 550mg, omeprazole 20mg, and tramadol/APAP 5/325. Clinical note dated 11/05/13 by orthopedic surgeon, indicate the injured worker's diagnoses include impingement syndrome of right shoulder, chronic and recurrent low back pain with bilateral lower extremity radicular symptoms, lumbosacral strain/sprain, multilevel degenerative joint disease with posterior elements hypertrophy and disc herniation, L3-S1 causing central canal stenosis, lateral recess stenosis, and neuroforaminal stenosis. The request for Compounded Tramadol 8%/ Gabapentin 10%/ Menthol 2%/ Camphor 2%/ Capsaicin 0.05%, was denied in prior utilization review dated 04/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Tramadol 8%/ Gabapentin 10%/ Menthol 2%/ Camphor 2%/ Capsaicin 0.05%: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Namaka, 2004; Colombo, 2006; Argoff, 2006; Robbins, 2000; Keitel, 2001; Mason-BMJ, 2004.

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

Decision rationale: The requested topical compounded medication combination of: Tramadol, Gabapentin, Menthol, Camphor and Capsaicin is not medically necessary because it fails to satisfy guidelines regarding topical analgesics which states the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, California Medical Treatment Utilization Schedule (CAMTUS), Food and Drug Administration, and ODG require that all components of a compounded topical medication be approved for transdermal use and any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Therefore this request is not medically necessary.