

Case Number:	CM14-0079583		
Date Assigned:	07/18/2014	Date of Injury:	11/02/2011
Decision Date:	09/08/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	05/30/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 40 year old male with date of injury of 11/02/2011. The listed diagnoses per Dr. David Johnson dated 04/22/2014 are: 1. Lumbosacral fusion. 2. Lumbar disk displacement HNP. The 141 pages of records do not show any recent or prior progress reports to document the patient's symptoms and physical examination. The reports from 03/12/2013 to 05/29/2014 were letters of medical necessity and Requests for Authorization. The utilization review denied the request on 05/29/2014.

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 15%, Menthol 2%, Camphor 2% 240gm.
QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The MTUS has the following regarding topical creams Page(s): 111.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Topical creams, Page 111. The Expert Reviewer's decision

rationale:This patient presents with lumbosacral fusion and lumbar disk displacement Herniated Nucleus Pulposus (HNP). The treating Physician is requesting a compound capsaicin 0.025%, flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% in a 240 mg quantity. The MTUS Guidelines state that, "It is largely experimental in use with few randomized control trials to determine efficacy or safety. It is primarily recommended for a neuropathic pain when trials of antidepressants and anticonvulsants have failed." MTUS further states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, Tramadol is not recommended in topical formulation. Therefore the request is not medically necessary.

Diclofenac 25%, Tramadol 15% 240gm. QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The MTUS has the following regarding topical creams Page(s): 111.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Topical creams, Page 111. The Expert Reviewer's decision rationale:This patient presents with lumbosacral fusion and lumbar disk displacement (HNP). The treating Physician is requesting a compound Diclofenac 25% and Tramadol 15% in a 240 mg quantity. The MTUS Guidelines state that, "It is largely experimental in use with few randomized control trials to determine efficacy or safety. It is primarily recommended for a neuropathic pain when trials of antidepressants and anticonvulsants have failed." MTUS further states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, Tramadol is not recommended in a topical formulation. The request is not medically necessary.