

Case Number:	CM14-0081290		
Date Assigned:	07/18/2014	Date of Injury:	07/05/2012
Decision Date:	09/08/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/03/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 an 80-year-old man who sustained a work-related injury on July 5, 2012. Subsequently, he developed with chronic head and back pain. According to a note dated on March 4 2014, the patient was complaining of headache and suboccipital pain. Pain medications were not used because the pain was mild and Botox were reported to provide temporary effect. The patient neurologic examination was not focal. The provider requested authorization for the medications mentioned below.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded medication- Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% 240GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics/NSAIDs Page(s): 117.

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

Decision rationale: The requested topical analgesic is formed by the combination of Capsaicin, Flurbiprofen, Tramadol, Menthol and Camphor. According to MTUS Chronic Pain Medical Treatment Guidelines section on Topical Analgesics (page 111), they are largely experimental in

use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS Guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The topical analgesic contains Capsaicin not recommended by MTUS as a topical analgesic. Furthermore, there was no documentation of failure or intolerance of first line oral medications for the treatment of pain. The request for this Topical Analgesic is not medically necessary.

Compounded medication- Flurbiprofen 25%, Cyclobenzaprine 0.2%, 240 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics/NSAIDs Page(s): 117.

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

Decision rationale: According to MTUS Chronic Pain Medical Treatment Guidelines section on Topical Analgesics (page 111), they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS Guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There was no documentation that all component of the prescribed topical analgesic is effective for the treatment of headaches and occipital pain. There is no clear evidence that the patient failed or was intolerant to first line oral pain medications. Therefore, Flurbiprofen 25%, Cyclobenzaprine 0.2% cream is not medically necessary.

Compounded medication- Gabapentin 10%, Lidocaine 5%, Tramadol 15%, 240 GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics/NSAIDs Page(s): 117.

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

Decision rationale: According to MTUS Chronic Pain Medical Treatment Guidelines section on Topical Analgesics (page 111), they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS Guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Gabapentin is not recommended as a topical analgesic. Therefore, topical analgesic Gabapentin 10%, Lidocaine 5%, Tramadol 15% is not medically necessary.

Compounded medication-Diclofenac 25%, Tramadol 15% 240GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics/NSAIDs Page(s): 117.

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

Decision rationale: The requested topical analgesic is formed by the combination of Diclofenac 25%, Tramadol 15%. According to MTUS Chronic Pain Medical Treatment guidelines section on Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS Guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The topical analgesic contains Diclofenac not recommended by MTUS as a topical analgesic. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Therefore, the request for Compounded medication-Diclofenac 25%, Tramadol 15% 240GM is not medically necessary.