

Case Number:	CM14-0085202		
Date Assigned:	07/23/2014	Date of Injury:	09/29/2009
Decision Date:	09/18/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/06/2014

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 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 34-year-old female who reported an injury on 09/29/2009; the mechanism of injury was not provided. On 03/10/2014, the injured worker presented with complaints of pain in the left knee and pain that goes from her low back to the right hip. Upon examination, there was decreased lumbar range of motion in all planes and decreased range of motion in the left knee in all planes with a positive patellar grind test. There was medial joint line tenderness in the left knee. The diagnosis was left knee chondromalacia of the patella. Prior treatment included a steroid injection and the use of a stationary bike. Current medications included Norco. The provider recommended a topical analgesic cream. The provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restrospective request for 1 Topical Compound Drug 240gr (Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 10%, Menthol 2%) between 10/15/2014-3 and 10/15/2013:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines;Topical Analgesics.

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

Decision rationale: The Restrospective request for 1 Topical Compound Drug 240gr (Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 10%, Menthol 2%) between 10/15/2014-3 and 10/15/2013 is not medically necessary. The California MTUS states that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines note that capsaicin is used for injured workers who are unresponsive or intolerant to other treatments. Flurbiprofen is recommended for osteoarthritis or tendinitis for joints that are amenable to topical treatment. Many agents are compounded as monotherapy or in combination for pain control, including NSAIDs, opioids, capsaicin, local anesthetics, or antidepressants. There is little to no research to support the use of many of these agents. There is a lack of documentation that the injured worker is intolerant to, or unresponsive to, other treatments to warrant capsaicin. The injured worker does not have a diagnosis congruent with the guideline recommendation for flurbiprofen. As the guidelines state there is little to no research to support the use of many of these agents, the cream would not be indicated. Additionally, the provider's request does not indicate the frequency, quantity, or site that the cream is intended for in the request as submitted. As such, the request is not medically necessary.

Restrospective request for 1 Topical Compound Drug 240gr (Tramadol 20%, Flurbiprofen 20%,) between 10/15/2013 abd 10/15/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines;Topical Analgesics.

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

Decision rationale: The Restrospective request for 1 Topical Compound Drug 240gr (Tramadol 20%, Flurbiprofen 20%,) between 10/15/2013 abd 10/15/2013 is not medically necessary. The California MTUS states that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines note that capsaicin is used for injured workers who are unresponsive or intolerant to other treatments. Flurbiprofen is recommended for osteoarthritis or tendinitis for joints that are amenable to topical treatment. Many agents are compounded as monotherapy or in combination for pain control, including NSAIDs, opioids, capsaicin, local anesthetics, or antidepressants. There is little to no research to support the use of many of these agents. There is a lack of documentation that the injured worker is intolerant to, or unresponsive to, other treatments to warrant capsaicin. The injured worker does not have a diagnosis congruent with the guideline recommendation for flurbiprofen. As the guidelines state there is little to no research to support the use of many of these agents, the cream would not be indicated.

Additionally, the provider's request does not indicate the frequency, quantity, or site that the cream is intended for in the request as submitted. As such, the request is not medically necessary.