

Case Number:	CM14-0088292		
Date Assigned:	07/23/2014	Date of Injury:	07/11/2013
Decision Date:	10/01/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/12/2014

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 Nevada. 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 presented for review indicate that this 50-year-old female was reportedly injured on July 11, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 14, 2014, indicates that there are ongoing complaints of bilateral shoulder pain and bilateral ankle pain. The physical examination demonstrated tenderness along the lumbar spine paraspinal muscles with spasms and decreased range of motion. Examination of the cervical and thoracic spine also noted pain with range of motion. There was tenderness at the lateral aspect of both ankles and pain with range of motion. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes oral and topical medications. A request had been made for compounded flurbiprofen/capsaicin/menthol, compounded ketoprofen/cyclobenzaprine/lidocaine, and tramadol ER and was not certified in the pre-authorization process on June 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded creams Flurbiprofen/Capsaisin/Menthol 10/0.25/2.1 percent (120mg) #1:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127..

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents to include menthol. Per the MTUS, when one component of a product is not necessary the entire product is not medically necessary. Considering this, the request for compounded flurbiprofen/capsaicin/menthol is not medically necessary.

Compounded creams Ketoprofen/Cyclobenzaprine/Lidocaine 10 percent/3 percent/5 percent (120 mg) #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127..

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents to include cyclobenzaprine. Per the MTUS, when one component of a product is not necessary the entire product is not medically necessary. Considering this, the request for compounded ketoprofen/cyclobenzaprine/lidocaine is not medically necessary.

Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113 of 127..

Decision rationale: The California MTUS Guidelines support the use of Tramadol (Ultram) for short-term use after there has been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. A review of the available medical records fails to document any improvement in function or pain level with the previous use of Tramadol nor failure of first-line medications. As such, the request is not considered medically necessary.