

Case Number:	CM13-0011570		
Date Assigned:	03/19/2015	Date of Injury:	01/22/2006
Decision Date:	04/14/2015	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/15/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 67 year old male, who sustained an industrial injury on January 22, 2006. The diagnoses have included status post lumbar laminectomy, recurrent disc herniation and post laminectomy syndrome with persistent back and radiating left leg pain and L5-S1 radiculopathy, persistent left shoulder pain, status post two shoulder surgeries, C3-4 HNP, depression and status post L5-S1 MIS TLIF. Treatment to date has included Transforaminal Lumbar Interbody Fusion (TLIF) Back Surgery, computed tomography scan myelogram and medication. Currently, the injured worker complains of right hip pain, low back pain with radiation into left leg. In a progress note dated July 2, 2013, the treating provider reports examination of lumbar spine revealed some pain on palpation, some pain on palpation of the right proximal hip and good range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Tube of Caplex Mild Cream 120 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant is nearly 10 years status post work-related injury and continues to be treated for chronic radiating low back pain. Capflex Mild Cream contains capsaicin, tramadol, menthol, and camphor compounded in a Lipoderm base. MTUS addresses the use of capsaicin which is recommended as an option in patients who have not responded or are intolerant to other treatments. There is little to no research to support the use of compounded topical Tramadol. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, the requested compounded medication was not medically necessary.