

Case Number:	CM14-0115768		
Date Assigned:	09/23/2014	Date of Injury:	09/11/2006
Decision Date:	01/07/2015	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/23/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida and Texas. 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 41 year old male who was injured on 9/6/2006. The diagnoses are low back, lumbar radiculopathy and abdominal pain. There are associated diagnoses of anxiety disorder and insomnia. The patient completed PT, acupuncture and steroid injections. On 7/10/2014, [REDACTED] noted objective findings of tenderness on palpation of the lumbar spine, decrease range of motion and positive provocative tests. There was decreased sensation along the left L4, L5 and S1 dermatomes. The tests for motor function and reflex was reported as normal. The topical compound medications had been prescribed since 1/7/2014. A Utilization Review determination was rendered on 7/1/2014 recommending denial for Topical Compound Capsaicin 0.025%/Flurbiprofen 20%/ Tramadol 15%/ Menthol 2% / Camphor 2% #210gm and Compound Cyclobenzaprine 2% /Tramadol 10% / Flurbiprofen 20% #210gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Compound Capsaicin 0.025%, Flurbiporfen20%, Tramadol 15%, Menthol 2%, Camphor 2% #210gm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guideline (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical compound preparations can be utilized for the treatment of localized neuropathic pain that did not respond to treatment with first line anticonvulsant and antidepressant medications. The guidelines recommend that topical product be tried and evaluated individually for efficacy. The records did not show that the patient had subjective and objective finding consistent with localized neuropathic pain. There is no documentation that the patient had failed orally administered first line neuropathic medications. There is lack of FDA or guidelines support for the use of tramadol in topical formulation. There is no approved indication for the use of topical camphor or menthol for the management of chronic musculoskeletal pain. The criteria for the use of Topical Compound Tramadol 15% / Flurbiprofen 20% /Menthol 2% / Camphor 2% 210gm was not met.

1 Topical compound Cyclobenzprine 2%,Tramadol 10%, Flurbiporfen 20% #210gm:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical compound preparations can be utilized for the treatment of localized neuropathic pain that did not respond to treatment with first line anticonvulsant and antidepressant medications. The guidelines recommend that topical product be tried and evaluated individually for efficacy. The records did not show that the patient had subjective and objective finding consistent with localized neuropathic pain. There is no documentation that the patient had failed orally administered first line neuropathic medications. There is lack of FDA or guidelines support for the use of tramadol and cyclobenzaprine in topical formulation. There is no indication that the patient could not tolerate oral NSAIDs medications. The criteria for the use of Topical Compound Tramadol 10% / Flurbiprofen 20% /Cyclobenzaprine 2% 210gm was not met.