

Case Number:	CM14-0137883		
Date Assigned:	09/05/2014	Date of Injury:	09/01/2011
Decision Date:	02/28/2015	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/26/2014

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. 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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 39-year-old male with a date of injury on 09/01/2011. Medical records from 03/14/2014 noted that the injured worker was pulling open a door to a large container that only opened partially. The injured worker then pushed the door to finish opening it, and upon completion of opening the door he began to experience a stabbing sensation to the lower back along with pain and numbness to the left lower extremity. Documentation from 02/27/2014 indicated the diagnoses of lumbar spine strain/sprain, left lower extremity radiculopathy with rule out lumbar spine discopathy, and left ankle strain/sprain with rule out internal derangement. Subjective findings from treating physician on 07/17/2014 noted the injured worker to continue to be symptomatic and unchanged from previous visits. Physical examination from the same date was remarkable for antalgic gait on the left, with decreased range of motion secondary to pain, and pain to palpation. Medical records provided noted previous x-rays and magnetic resonance performed with no documentation of results in examination reports. Prior treatments offered to the injured worker included physical therapy, home exercise program, and a medication history of Naproxen, Gabapentin, Condrolite, and Omeprazole. The medical records also noted a request for pain management consultation. Physician documentation from 03/14/2014 noted the injured worker to have some difficulty activities of standing, sitting, walking, climbing stairs, driving, dressing, and performing household chores. While documentation indicated that physical therapy treatments were provided, there was no documentation of quantity, treatment plan, or results of prior physical therapy visits. The medical records provided also lacked documentation of

effectiveness of medication regimen with regards to functional improvement, improvement in work function, or in activities of daily living. Physician documentation from 07/17/2014 noted a work status of temporarily totally disabled. On 08/14/2014, Utilization Review non-certified the prescription for the compound medication of Capsaicin 0.0375%, Tramadol 6.5%, Flurbiprofen 5%, Menthol 2%, Camphor 2% 180gm. The compound medication was noncertified based on California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic Pain, pages 111-113, Topical Analgesics, noting that topical analgesics are not recommended because there is an absence of evidence to support the effectiveness, and the use of topical analgesics is recommended for use with neuropathic pain after a trial of antidepressant and anticonvulsant failure. The Utilization Review noted that the medical records lacked documentation of use of antidepressants or anticonvulsants therapy and failure of use of these medications, along with lack of documentation of intolerance to oral medication thereby noncertifying the requested treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND MEDICATION: CAPSAICIN 0.0375%, TRAMADOL 6.5%, FLURBIPROFEN 5%, MENTHOL 2%, CAMPHOR 2% 180GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain, compound creams

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS states that the only FDA- approved NSAID medication for topical use is diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. Further, MTUS recommends topical capsaicin only as an option in patients who have not responded or are intolerant to other treatments. There is no indication that the patient has failed oral medication or is intolerant to other treatments. As mentioned above, if any component of a compounded medication is not recommended then the product cannot be recommended. As two of these products components are not medically indicated this request is deemed not medically necessary.