

Case Number:	CM14-0165689		
Date Assigned:	10/10/2014	Date of Injury:	08/10/2005
Decision Date:	01/21/2015	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/08/2014

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 & 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 53-year-old woman with a date of injury 8/10/05. Records indicate the patient complains of total body pain, chronic fatigue and problems sleeping. Physical examination reports tenderness of the knees, elbows, cervical and lumbar spine regions. Treatment has included aquatic therapy and tramadol by mouth. Treatment diagnoses includes myalgia and TMJ disorder and backache. On 9/9/14 request was made for tramadol powder, dextromethorphan powder, gabapentin powder and Pyridoxine HCl Crystal along with Lipoderm base presumably for the purposes of applying a compounded topical analgesic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL Powder 27gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines tramadol; Opioids Page(s): 113;80.

Decision rationale: The injured worker is being treated with oral Tramadol for chronic pain. MTUS Chronic Pain Guidelines indicate that Tramadol is utilized for pain. Records indicate that there has been continued body pain in the upper limbs and spine. However, there is no record of

the opioid treatment response such as a pain score or report of improved function. Furthermore, the treatment dosage and target application of Tramadol being utilized is not specified. Therefore, the request is not medically necessary.

Dextromethorphan HBR Powder 18gn: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medscape, Dextromethorphan

Decision rationale: The cited Non-MTUS reference specifies that dextromethorphan is indicated as an antitussive. The reviewed documentation does not provide reasoning for use of this medication. There is no supportive documentation of the injured worker having any respiratory dysfunction. The request is therefore not medically necessary.

Capsaicin Powder .045gm: 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 capsaicin Page(s): 112-113.

Decision rationale: Capsaicin 0.025% formulation is recommended as a treatment for osteoarthritis per MTUS guidelines. The injured worker is already being treated with oral tramadol for chronic pain. Records indicate that there continued body pain in the upper limbs and cervical and lumbar spine yet a diagnosis of osteoarthritis has not been established. Furthermore the treatment dosage and location have not been specified. Therefore the request for capsaicin 0.025% is not medically necessary.

PCCA Lipoderm Base 135gm: 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 topical analgesics Page(s): 111-113.

Decision rationale: The injured worker is being treated with oral tramadol for chronic pain. MTUS Chronic Pain Guidelines are referenced. Records indicate that there is continued body pain in the upper limbs and cervical and lumbar spine. The request for Tramadol, dextromethorphan, capsaicin powders and pyridoxine crystals all lack demonstration of medical

necessity. Therefore, the base requested for compounding them, Lipoderm, is also not medically necessary.

Pyridoxine HCL Crystal 100mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medscape, pyridoxine

Decision rationale: The cited Non-MTUS reference specifies that pyridoxine is indicated in conditions of vitamin B6 deficiency, morning sickness and pyridoxine dependent seizures. There is no supportive documentation of the injured worker suffering from vitamin B6 deficiency or seizures. The request as written is therefore not medically necessary.