

Case Number:	CM14-0064523		
Date Assigned:	07/11/2014	Date of Injury:	07/30/2013
Decision Date:	03/25/2015	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/07/2014

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49-year-old male who reported an injury on 07/30/2013. The mechanism of injury occurred due to a fall. Diagnoses included a lumbar sprain, mood disorder, and right knee internal derangement. His past treatments included physical therapy, medications, and home exercise. On 02/13/2014, the injured worker complained of right hip/thigh pain, right knee pain, right calf pain with associated numbness, tingling, and weakness, right heel pain, right ankle pain, right toe pain, headaches, dizziness, depression, difficulty sleeping rated 7/10 to 9/10. The injured worker denied taking or utilizing medications. The physical examination of the lumbar spine revealed tenderness to palpation over the paraspinal musculature, positive right straight leg raise and decreased range of motion. Physical examination of the right knee revealed tenderness to palpation over the posterior ligament line with a positive McMurray's. The treatment plan included a topical compound cream to be used as an adjunctive treatment to allow reduction in the total intake of oral medications. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded Topical of Capsaicin 240%, Flurbiprofen 15%, Tramadol 15%, Camphor 2%, Menthol 2% and Diclofenac 25%.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Compound Drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In addition, any compounded product that contains at least 1 drug or drug class that is not recommended is, therefore, not recommended. The compounded request contains capsaicin which is recommended only as an option in patients who have not responded to or are intolerant to other treatments. They are further primarily indicated for postherpetic neuralgia, diabetic neuropathy, and postmastectomy pain. The compound also indicates topical NSAIDs. The guidelines indicate that topical NSAIDs are indicated for osteoarthritis and tendinitis, particularly in the knee and elbow, recommended for short term use of 4 to 12 weeks. In addition, the guidelines indicate utilization of topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. The injured worker was indicated to have chronic lumbar and right knee pain. The injured worker also indicated that he denied taking or utilizing any medications. However, there was lack of documentation to indicate the injured worker has failed a trial of anticonvulsants or antidepressants. In addition, there was lack of documentation to indicate the injured worker had osteoarthritis or has not responded or was intolerant of other treatments. Furthermore, the guidelines indicate the NSAIDs for no longer than 4 to 12 weeks. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.