

Case Number:	CM15-0004758		
Date Assigned:	01/16/2015	Date of Injury:	03/11/2003
Decision Date:	05/01/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/09/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

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 65 year old male, who sustained an industrial injury on 3/11/03. He has reported low back and leg pain. The diagnoses have included lumbago, sciatica, radiculitis, knee pain and lumbar disc degeneration. Treatment to date has included epidural injections, diagnostic studies, aquatic therapy and oral medications. As of the PR2 on 12/2/14, the injured worker reported continued low back pain with radiation to the left leg. The injured worker is requesting to repeat the lumbar epidural injections which gave him 40-50% pain relief. The treating physician is requesting Tramadol HCL powder, Gabapentin powder, Menthol crystals, Camphor crystal, Capsaicin powder, and Alba-derm cream. On 12/23/14 Utilization Review non-certified a request for Tramadol HCL powder, Gabapentin powder, Menthol crystals, Camphor crystal, Capsaicin powder, and Alba-derm cream. The UR physician cited MTUS chronic pain medical treatment guidelines specifically noting that topical analgesics are largely experimental. On 1/9/15, the injured worker submitted an application for IMR for review of Tramadol HCL powder, Gabapentin powder, Menthol crystals, Camphor crystal, Capsaicin powder, and Alba-derm cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL Powder QTY: 1: Upheld

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

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

Decision rationale: Tramadol is not recommended for topical use and there are no studies supporting its use. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This request is not medically appropriate and reasonable at this time.

Gabapentin Powder QTY: 1: Upheld

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

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

Decision rationale: Gabapentin is not recommended for topical use and there are no studies supporting its use. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This request is not medically appropriate and reasonable at this time.

Menthol Crystals QTY: 1: Upheld

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

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

Decision rationale: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Even though menthol is approved for topical use this cannot be approved due to other components in the compound. This request is not medically appropriate and reasonable at this time.

Camphor Crystals QTY: 1: Upheld

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

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

Decision rationale: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Even though camphor is approved for topical use this cannot be approved due to other components in the compound. This request is not medically appropriate and reasonable at this time.

Capsaicin Powder QTY: 1: Upheld

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

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

Decision rationale: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Even though capsaicin is approved for topical use in patients who are intolerant to other treatments this cannot be approved due to other components in the compound. This request is not medically appropriate and reasonable at this time.

Albo-derm Cream QTY: 1: Upheld

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

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

Decision rationale: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Even though this cream may be approved for topical use this cannot be approved due to other components in the compound. This request is not medically appropriate and reasonable at this time.