

Case Number:	CM15-0004815		
Date Assigned:	01/16/2015	Date of Injury:	10/24/2011
Decision Date:	03/13/2015	UR Denial Date:	12/18/2014
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, Tennessee
 Certification(s)/Specialty: Emergency 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 41 year old male, who sustained an industrial injury on October 24, 2011, when his gun belt became caught on the chair as he was attempting to get up. He has reported immediate onset of pain in the lower back. The diagnoses have included low back pain with degenerative disc disease at the levels of L4-L5 and L5-S1 with posterior protrusion of the disc towards the right with neuroforaminal stenosis at the levels of L4-L5 and L5-S1, lumbar spine spondylosis at the levels of L4-L5 and L5-S1 bilaterally, lumbar spine sprain/strain, and right knee pain status post tight knee surgery on October 29, 2014, with good postop recovery. Treatment to date has included lumbar epidural steroid injection, right knee surgery on October 29, 2014, oral and topical medications, and physical therapy. Currently, the injured worker complains of low back pain with radiating symptoms to bilateral lower extremities. The Secondary Treating Physician's report dated December 4, 2014, noted the injured worker with more than 90% improvement in the lower back symptoms after a lumbar epidural steroid injection on October 20, 2014. Physical examination noted no tenderness to palpation in the lumbar spine area, and decreased sensation on right L4 nerve direction. On December 18, 2014, Utilization Review non-certified Tramadol/Gabapentin/Menthol/Camphor/Capsaicin 120g, noting documentation of prior usage of topical analgesics without documentation of objective functional benefit from use, with no documentation of failed trials of antidepressants and anticonvulsants, citing the MTUS Chronic Pain Medical Treatment Guidelines . On January 9, 2015, the injured worker submitted an application for IMR for review of Tramadol/Gabapentin/Menthol/Camphor/Capsaicin 120g.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/Gabapentin/Menthol/Camphor/Capsaicin 120g: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 18-19, 111-112. Decision based on Non-MTUS Citation UpToDate: Camphor and menthol: Drug information Treatment Guidelines from the Medical Letter, April 1, 2013, Issue 128: Drugs for pain

Decision rationale: This medication is a topical compounded analgesic containing tramadol, gabapentin, menthol, camphor, and capsaicin. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects, which include increasing the risk of seizure in patients taking SSRI's, TCA's and other opioids. It is not recommended as a topical preparation. Gabapentin is an anti-epileptic medication. Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain and has FDA approval for treatment of post-herpetic neuralgia. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Camphor and menthol are topical skin products that available over the counter and used for the relief of dry itchy skin. Capsaicin is recommended only as an option in patients who have not responded or cannot tolerate other treatments. It is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain and is considered experimental in high doses. In this case there is no documentation that the patient was unable to tolerate other treatments. Capsaicin is not recommended. Topical analgesics containing menthol, methylsalicylate or capsaicin are generally well-tolerated, but there have been rare reports of severe skin burns requiring treatment or hospitalization. Camphor and menthol are not recommended. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended. The request should not be authorized.