

Case Number:	CM15-0007502		
Date Assigned:	01/22/2015	Date of Injury:	01/04/2013
Decision Date:	03/24/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/13/2015

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47-year-old male who reported an injury on 01/04/2013. The mechanism of injury was not provided. His diagnoses include right knee degenerative joint disease. Past treatments were noted to include ice, heat, ibuprofen, and Tramcap C. On 05/09/2014, it was indicated the injured worker had complaints to the knee that he rated 7/10. He indicated that his medications helped decreased the pain. Upon physical examination, it was indicated the injured worker had no effusion to the right knee and slightly decreased sensation at the lateral patellar area, as well as tenderness to palpation. His range of motion was decreased, measuring flexion at 100 degrees. Medications were noted to include Tramcap C and ibuprofen 800 mg. The treatment plan was noted to include heat, ice, NSAIDs. A request was received for Retro Tramadol/Capsaicin/Menthol/Camphor (Dos 3/10/14; 5/9/14; 5/16/14) without a rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Tramadol/Capsaicin/Menthol/Camphor (Dos 3/10/14; 5/9/14; 5/16/14): 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): 111-112.

Decision rationale: According to the California MTUS Guidelines, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also indicate that when any 1 medication in a compounded product is not recommended, the entire compounded product is then not recommended. Furthermore, the guidelines note that capsaicin is recommended only as an option to those who have not responded or are intolerant to other treatments. The clinical documentation submitted for review did not indicate the injured worker had failed antidepressants and anticonvulsants. Additionally, there is no documentation regarding the request from 03/10/2014 and 05/06/2014. Consequently, the request is not supported by the evidence based guidelines. Moreover, the request did not specify body region, duration, and frequency of use to warrant its medical necessity. As such, the request for Retro Tramadol/Capsaicin/Menthol/Camphor (Dos 3/10/14; 5/9/14; 5/16/14) is not medically necessary.