

Case Number:	CM15-0007559		
Date Assigned:	01/26/2015	Date of Injury:	05/06/2013
Decision Date:	03/16/2015	UR Denial Date:	12/27/2014
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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 38 year old male, who sustained an industrial injury on May 6, 2013. He has reported neck pain radiating to the arms, and mid back pain. The diagnoses have included chronic thoracic spine sprain/strain with degenerative disc disease and cervogenic neck pain. Treatment to date has included medications and epidural steroid injections. Currently, the injured worker complains of continued neck pain. The treating physician is requesting a prescription for a medication compound consisting of Tramadol, Gabapentin, Menthol, Camphor and Capsaicin. On December 27, 2014 Utilization Review non-certified the request for the medication compound noting the lack of documentation to support the medical necessity of the medication. The MTUS chronic pain medical treatment guidelines were cited in the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 8%/Gabapentin 10%/Menthol 2%/Camphor 2%/Capsaicin.05%, #120g jar:
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): page(s) 111-113. Decision based on Non-MTUS Citation Pain, Compound creams

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states that topical Gabapentin is "Not recommended." And further clarifies, "antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product." As such, the request for Tramadol 8%/Gabapentin 10%/Menthol 2%/Camphor 2%/Capsaicin.05%, #120g jar is not medically necessary.