

Case Number:	CM15-0141703		
Date Assigned:	07/31/2015	Date of Injury:	02/10/2010
Decision Date:	08/28/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/21/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 56 year old male, who sustained an industrial injury on February 10, 2010. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having myalgia and myositis not otherwise specified and other psoriasis. Treatment and diagnostic studies to date has included medication regimen, Humira injections, aquatic therapy, physical therapy, laboratory studies, electrocardiogram, echocardiogram, magnetic resonance imaging of the left knee, magnetic resonance imaging of the cervical spine, magnetic resonance imaging of the right knee, magnetic resonance imaging of the right shoulder, magnetic resonance imaging of the left wrist, magnetic resonance imaging of the right ankle, and rheumatology consultation. In a progress note dated March 19, 2015 the treating physician reports complaints of an increase in generalized body pain, chronic fatigue, difficulty sleeping, morning gel phenomenon, along with a noted decrease in skin lesions. Examination reveals skin lesions to the right palm and left index finger, but with noted improvement. The injured worker's current medication regimen included Humira, Cymbalta, and Sonata. The documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of the injured worker's current medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of his current medication. The treating physician requested the medication Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%. Camphor

2%, 210gm, but the documentation provided did not indicate the specific reason for the requested medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%. Camphor 2%, 210gm:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

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

Decision rationale: The MTUS guidelines on Topical Analgesics describe topical treatment as an option, however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS states specifically that any compound product that contains at least one drug (or class) that is not recommended is not recommended. There is not sufficient evidence to support the use of tramadol in topical formulation, categorizing the requested compound as not recommended by the guidelines. The lack of evidence to support use of topical compounds like the one requested coupled with lack of clear evidence clarifying functional improvement on current treatment the requested treatment is not considered medically indicated.