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| Case Number: | CM15-0148125 | | |
| Date Assigned: | 08/11/2015 | Date of Injury: | 09/30/2003 |
| Decision Date: | 09/28/2015 | UR Denial Date: | 07/03/2015 |
| Priority: | Standard | Application Received: | 07/30/2015 |

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54 year old male, who sustained an industrial injury on 09-30-2003. The injured worker is currently permanent and stationary. The injured worker is currently diagnosed as having permanent implantation of spinal cord stimulator, chronic regional pain syndrome of the right lower extremity, right peroneal and posterior tibial neuropathy, and status post right foot and ankle trauma with chronic pain. Treatment and diagnostics to date has included spinal cord stimulator implantation and use of medications. In a progress note dated 04-03-2015, the injured worker reported chronic recurrent right lower extremity pain. Objective findings included an antalgic gait, decreased lumbar and right ankle range of motion, and lower extremity tenderness, paresthesia, and hypersensitivity. The treating physician reported requesting authorization for Capsaicin-Menthol-Camphor-Tramadol-Cyclobenzaprine compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.0375%, Menthol 5%, Camphor 2%, Tramadol 8%, Cyclobenzaprine 4%, compound med 240grams Qty 1: Upheld

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

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

Decision rationale: The current request is for Capsaicin 0.0375%, Menthol 5%, Camphor 2%, Tramadol 8%, Cyclobenzaprine 4%, compound med 240grams Qty 1. Treatment and diagnostics to date has included spinal cord stimulator implantation and use of medications. MTUS Chronic Pain Guidelines under Topical analgesics has the following on page 111 "Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004). Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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. Gabapentin: Not recommended. There is no peer-reviewed literature to support use." Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxants as a topical product. In a progress note dated 04-03-2015, the injured worker reported chronic recurrent right lower extremity pain. Objective findings included an antalgic gait, decreased lumbar and right ankle range of motion, and lower extremity tenderness, paresthesia, and hypersensitivity. The treating physician reported requesting authorization for Capsaicin-Menthol-Camphor-Tramadol-Cyclobenzaprine compound cream. Cyclobenzaprine is a muscle relaxant and is not recommended for any topical formulation. MTUS states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." The request IS NOT medically necessary.