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| Case Number: | CM15-0168751 | | |
| Date Assigned: | 09/09/2015 | Date of Injury: | 03/10/2011 |
| Decision Date: | 10/08/2015 | UR Denial Date: | 08/09/2015 |
| Priority: | Standard | Application Received: | 08/27/2015 |

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: Massachusetts

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 63-year-old female, who sustained an industrial injury on 3-10-11. The injured worker was diagnosed as having cervical disc disorder with myelopathy, lumbar disc disorder with myelopathy, sciatica and internal derangement of the knee. The physical exam (3-9-15 through 6-23-15) indicated 4 out of 10 pain at best and 9-10 out of 10 pain at worst and decreased cervical, lumbar and bilateral shoulder range of motion. Treatment to date has included acupuncture. Current medications include Tramadol, Prilosec and Capsaicin 0.0325%-Tramadol 8%-Cyclobenzaprine 4%-Menthol 5%-Gabapentin 10% (since at least 6-23-15). As of the PR2 dated 7-31-15, the injured worker reports pain in her neck, shoulders, back and bilateral upper and lower extremities. She rates her pain a 4 out of 10 at best and an 8 out of 10 at worst. Objective findings include decreased cervical, lumbar and bilateral shoulder range of motion. The treating physician requested Capsaicin 0.0325%-Tramadol 8%-Cyclobenzaprine 4%-Menthol 5%-Gabapentin 10% 180gms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.0325%/Tramadol 8%/Cyclobenzaprine 4%/Menthol 5%/Gabapentin 10% 180 gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, (2) Topical Analgesics Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in March 2011 and continues to be treated for neck, back, shoulder, and upper and lower extremity pain. When seen, physical examination findings included a normal BMI. There was cervical, shoulder, and upper thoracic tenderness. There was decreased cervical and lumbar spine and bilateral shoulder range of motion. Tramadol, Prilosec, and topical compounded cream was prescribed. She was referred for a consultation for gastrointestinal complaints. In terms of the compounded medication being prescribed, cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. There is little to no research to support the use of compounded topical Tramadol. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. The requested compounded medication was not medically necessary.