

Case Number:	CM15-0196879		
Date Assigned:	10/12/2015	Date of Injury:	06/04/2011
Decision Date:	11/19/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/06/2015

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: Emergency 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 female who sustained an industrial injury on 06-04-2011. Medical records indicated the worker was treated for back and left leg pain. In the provider notes of 03-05-2014, the worker complained of increased pain in the lower back that radiated down to her left lower extremity and numbness in the left foot. On a scale of 0-10 she rated the pain 9 intensity. Bending, twisting and turning aggravated the pain. According to provider notes of 03-05-2015, a MRI (07-05-2013) revealed a 1.5mm annular disc bulge at L4-5. Electromyography (04-30-2012) showed a left L5 radiculopathy. Examination of the legs revealed mild atrophy of the left calf and ankle musculature as compared to the right leg. Sensory examination to Wartenberg pinprick wheel was decreased along the posterior lateral thigh, lateral calf and dorsom of the foot on the left. The straight leg raise in the modified sitting position was positive on the left at 45 degrees. The right was positive at 60 degrees. Her medications included tramadol and Norco, Anaprox DS, Prilosec. Ultram ER and Fexmid were discontinued. Her working diagnoses included Lumbar spine myoligamentous injury with left lower extremity radiculopathy, and medication induced gastritis. The plan of care included an epidural steroid injection at left L5-S1, medication refills with prescription refills for Norco and Protonix. A request for authorization was submitted for Retrospective request for compound cream (Tramadol HCL powder/ Gabapentin powder/ Menthol Crystals/Camphor Crystals/ Capsaicin powder/Alba-Derm Cream) dispensed on 03/06/14. A utilization review decision 09-09-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for compound cream (Tramadol HCL powder/ Gabapentin powder/ Menthol Crystals/Camphor Crystals/ Capsaicin powder/Alba-Derm Cream) dispensed on 03/06/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The requested Retrospective request for compound cream (Tramadol HCL powder/ Gabapentin powder/ Menthol Crystals/Camphor Crystals/ Capsaicin powder/Alba-Derm Cream) dispensed on 03/06/14, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has increased pain in the lower back that radiated down to her left lower extremity and numbness in the left foot. On a scale of 0-10, she rated the pain 9 intensity. Bending, twisting and turning aggravated the pain. According to provider notes of 03-05-2015, a MRI (07-05-2013) revealed a 1.5mm annular disc bulge at L4-5. Electromyography (04-30-2012) showed a left L5 radiculopathy. Examination of the legs revealed mild atrophy of the left calf and ankle musculature as compared to the right leg. Sensory examination to Wartenberg pinprick wheel was decreased along the posterior lateral thigh, lateral calf and dorsum of the foot on the left. The straight leg raise in the modified sitting position was positive on the left at 45 degrees. The right was positive at 60 degrees. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Retrospective request for compound cream (Tramadol HCL powder/ Gabapentin powder/ Menthol Crystals/Camphor Crystals/ Capsaicin powder/Alba-Derm Cream) dispensed on 03/06/14 is not medically necessary.