

Case Number:	CM15-0198157		
Date Assigned:	10/13/2015	Date of Injury:	06/24/2013
Decision Date:	11/23/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/08/2015

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, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 53 year old female who sustained an industrial injury on 6-24-2013. A review of the medical records indicates that the injured worker is undergoing treatment for soft tissue trauma to right neck, arm and shoulder and soft tissue trauma to the bilateral knees and legs. According to the progress report dated 12-17-2013, the injured worker complained of bilateral knee pain, bilateral shoulder pain and neck pain. The physical exam (12-17-2013) revealed decreased range of motion of the cervical spine with paravertebral tenderness and spasms. There was decreased range of motion of the right shoulder with positive impingement sign. There were positive patellofemoral compression signs of the bilateral knees. Treatment has included physical therapy, and medications. A request for authorization for Capsaicin 0.0375%-Menthol 10%-Camphor 2.5%-Tramadol 20% was dated 12-17-2013. The original Utilization Review (UR) (9-9-2015) denied a request for Capsaicin 0.0375%-Menthol 10%-Camphor 2.5%-Tramadol 20% 240mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.0375%/Menthol 10%/Camphor 2.5%/Tramadol 20% 240mg: 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 based on Non-MTUS Citation Johar, Pramod, et al. International journal of sports physical therapy 7.3 (2012): 314.

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "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. 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." Therefore, the request is not medically necessary. Johar, Pramod, et al. "A comparison of topical menthol to ice on pain, evoked tetanic and voluntary force during delayed onset muscle soreness." International journal of sports physical therapy 7.3 (2012): 314. Menthol does not provide significant improvements in functional status for patients with knee arthritis.