

Case Number:	CM15-0038481		
Date Assigned:	03/09/2015	Date of Injury:	06/14/2012
Decision Date:	04/10/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/02/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 June 14, 2012. She has reported pain, achiness and stiffness in her hip. The diagnoses have included other ill-defined conditions, left hip greater trochanteric bursitis and labral tear, status post hip arthroscopy, left foot, second toe dislocation and fracture, left knee patellofemoral pain secondary to altered gait and lumbar spine multilevel stenosis and stiffness with neural foraminal stenosis. Treatment to date has included radiographic imaging, diagnostic studies, a complicated left hip arthroscopy, conservative therapies, medications and work restrictions. Currently, the IW complains of pain, achiness and stiffness in her hip. The injured worker reported an industrial injury in 2012, resulting in chronic left hip pain. She has been treated conservatively and surgically without resolution of the pain. It was noted she slipped in water on the floor resulting in a toe fracture and hip disorder. Evaluation on August 21, 2014, revealed a decrease in pain and an increase in the ability to perform activities of daily living with physical therapy. Additional physical therapy was ordered secondary to the level of complication of the hip procedure and the lingering symptoms however, the request was denied. Evaluation on December 10, 2014, revealed continued, severe hip pain. Additional physical therapy, pain creams and a TENS unit were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective compound medication Tramadol/Gabapentin/Cyclobenzaprine/Capsaicin/Menthol dispensed 12/11/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: In accordance with California MTUS guidelines, topical analgesics are considered "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines go on to state that, "There is little to no research to support the use of many of these agents." The guideline specifically says, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The requested topical analgesic contains Capsaicin, among other substances that are not recommended for use in a topical form. According to California MTUS guidelines, Capsaicin 0.25% is recommended "only as an option in patients who have not responded or are intolerant to other treatments." The medical records provided do not document intolerance to all other potential treatments. Likewise, Capsaicin is not considered medically necessary.