

Case Number:	CM15-0046057		
Date Assigned:	03/18/2015	Date of Injury:	05/11/1998
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/11/2015

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 49-year-old female, who sustained an industrial injury on 05/11/1998. The initial diagnoses or complaints at time of injury were not clearly noted. On provider visit dated 02/04/2014 the injured worker has reported continued total body pain, chronic fatigue and problem sleeping. Examination was unremarkable. The diagnoses have osteoarthritis mult site and sprain shoulder and arm. Treatment to date has included medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Lidocaine 5%, Menthol 5%, Capmhor 1% 30gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: This patient has a date of injury of 05/11/98 and presents with "total body pain, chronic fatigue, problem sleeping." The patient has listed diagnoses of osteoarthritis

multiple site and sprains shoulder/arm. The Request for Authorization is not provided in the medical file. The current request is for FLURBIPROFEN 20%, LIDOCAINE 5%, MENTHOL 5%, CAMPHOR 1% 30GM. The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." For Flurbiprofen, which is a nonsteroidal anti-inflammatory agent, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amendable to topical treatment." The treating physician states that compounded topical medication in conjunction with oral medications "provide targeted pain relief with reduced side effects associated with oral medications." In this case, the patient does not meet the indication for this topical medication as he presents with shoulder and arm strains and topical NSAID is approved for arthritis in the joints that are amendable to topical treatment. Given the patient does not meet the indication for the use of a topical NSAID; the entire compounded cream is rendered invalid. This topical compound medication IS NOT medically necessary.

Tramadol 15%, Dextromethorphan 10%, Capsaicin 0.025% 30gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: This patient has a date of injury of 05/11/98 and presents with "total body pain, chronic fatigue, problem sleeping." The patient has listed diagnoses of osteoarthritis multiple site and sprains shoulder/arm. The Request for Authorization is not provided in the medical file. The current request is for TRAMADOL 15%, DEXTROMETHORPHAN 10%, CASAICIN 0.025% 30GM. The treating physician states that compounded topical medication in conjunction with oral medications "provide targeted pain relief with reduced side effects associated with oral medications." The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS states that many agents are compounded for pain control including antidepressants and that there is little to no research to support their use. MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Dextromethorphan is a cough suppressant and is not discussed in MTUS for topical application and Tramadol has not been tested for transdermal use. The requested compound cream IS NOT medically necessary.