

Case Number:	CM15-0072480		
Date Assigned:	04/28/2015	Date of Injury:	09/06/2009
Decision Date:	08/25/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/16/2015

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: New York
 Certification(s)/Specialty: Internal 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(n) 62 year old female, who sustained an industrial injury on 7/16/09. She reported pain in her lower back, right knee and right ankle related to lifting a heavy object. The injured worker was diagnosed as having lumbalgia, status post right knee arthroscopy, ankle sprain, right ankle derangement and knee bursitis. Treatment to date has included physical therapy, an IF unit and pain medications. As of the PR2 dated 3/20/15, the injured worker reports pain in the right lower extremity and right lumbar spine. She rates her pain at a 7/10 currently, an 8/10 at worst and a 6/10 at best. The treating physician requested Tramadol powder, Gabapentin powder, Menthol crystals #1, Camphor crystals #1, Capsaicin powder #1, Alba-derm cream #2, Flurbiprofen powder #1 and Cyclobenzaprine powder #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (Unknown DOS) Tramadol HCL Powder Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS states that use of topical analgesics is 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. Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Furthermore, Tramadol is not FDA approved for topical application. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Retro (Unknown DOS) Tramadol HCL Powder Qty: 1.00 is not medically necessary by MTUS.

Retro (Unknown DOS) Gabapentin Powder Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS states that the use of topical Gabapentin is not recommended. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Retro (Unknown DOS) Gabapentin Powder Qty: 1.00 is not medically necessary by MTUS.

Retro (Unknown DOS) Menthol Crystals Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS states that use of topical analgesics is 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. MTUS provides no evidence recommending the use of topical Menthol. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Retro (Unknown DOS) Menthol Crystals Qty: 1.00 is not medically necessary by MTUS.

Retro (Unknown DOS) Camphor Crystals Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS states that use of topical analgesics is 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. MTUS provides no evidence recommending the use of topical Camphor. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Retro (Unknown DOS) Camphor Crystals Qty: 1.00 is not medically necessary by MTUS.

Retro (Unknown DOS) Capsaicin Powder Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS states that use of topical analgesics is 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. Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). MTUS makes no recommendations for Capsaicin powder. The injured worker complains of chronic low back and right lower extremity pain with no significant improvement in function on current medication regimen. The medical necessity for continued use of topical Capsaicin has not been established. The request for Retro (Unknown DOS) Capsaicin Powder Qty: 1.00 is not medically necessary by MTUS.

Retro (Unknown DOS) Alba-derm cream Qty: 2.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS states that use of topical analgesics is 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. Alba-derm cream is a topical premixed cream base consisting of a mixture of petrolatum, mineral oil, chlorocresol, cetomacrogol 1000, cetostearyl alcohol and water. MTUS provides no evidence recommending the use of alba-derm cream. The injured worker complains of chronic low back and right lower extremity pain with no significant improvement in function on current medication regimen. The medical necessity for continued use of Alba-derm has not been established. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Retro (Unknown DOS) Alba-derm cream Qty: 2.00 is not medically necessary by MTUS.

Retro (Unknown DOS) Flurbiprofen Powder Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS states that use of topical analgesics is 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. Flurbiprofen is not FDA approved for topical application. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Retro (Unknown DOS) Flurbiprofen Powder Qty: 1.00 is not medically necessary.

Retro (Unknown DOS) Cyclobenzaprine Powder Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS states that use of topical analgesics is 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. MTUS does not recommend the use of muscle relaxants as a topical agent. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Retro (Unknown DOS) Cyclobenzaprine Powder Qty: 1.00 is not medically necessary.