

Case Number:	CM14-0105229		
Date Assigned:	07/30/2014	Date of Injury:	11/19/2012
Decision Date:	09/12/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/07/2014

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. The expert reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 25-year-old male who reported an injury on 11/19/2012 due to a lifting injury. On 02/03/2014 the injured worker presented with low back pain radiating from the hips down into the bilateral calves. Upon examination, there was pain of the right shoulder with movement, and range of motion of the lumbar spine revealed 25 degrees of flexion, 15 degrees of extension and 15 degrees of left side bending. The diagnoses were lumbar disc herniation and right shoulder arthropathy. Current medication included topical analgesic cream. The provider recommended Diclofenac/Tramadol and Capsaicin/Flurbiprofen/Tramadol/Menthol/Camphor creams. The provider's rationale was not provided. The Request for Authorization form was dated 02/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% (compounded medication) 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111,112.

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

Decision rationale: The request for the compounded medication consisting of Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, and Camphor 2%, 240gm, is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines note topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. It is recommended for short term use, 4 to 12 weeks. The guidelines also state that Capsaicin is recommended for injured workers who are unresponsive to or intolerant of other medications. Many agents are compounded as monotherapy or in combination for pain control including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants or cholinergic receptor agonists. There is little to no research to support the use of many of these agents. Additionally, the provider's request does not indicate the site that the cream is intended for, the frequency, or the quantity of the medication in the request as submitted. As such, the request is not medically necessary or appropriate.

Diclofenac 20%, Tramadol 15% (compounded medication) 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111,112.

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

Decision rationale: The request for the compounded medication consisting of Diclofenac 20% and Tramadol 15%, 240gm, is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines note topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. It is recommended for short term use, 4 to 12 weeks. Many agents are compounded as monotherapy or in combination for pain control including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants or cholinergic receptor agonists. There is little to no research to support the use of many of these agents. Additionally, the provider's request does not indicate the site that the cream is intended for, the frequency or the quantity of the medication in the request as submitted. As such, the request is not medically necessary or appropriate.