MAXIMUS Federal Services

Case Number:	CM14-0014292		
Date Assigned:	02/26/2014	Date of Injury:	11/28/2008
Decision Date:	07/29/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/04/2014

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 Occupational Medicine, and is licensed to practice in California. 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:

This is a 61-year-old male with an 11/28/08 date of injury. The mechanism of injury was not noted. In a 1/15/14, progress note the patient complained of headache, neck pain, backache, left arm radicular pain. Objective findings: the neck is stiff and moves with difficulty, cervical spine flexion 15 degrees with pain at the neck bilaterally, cervical spine extension 15 degrees with pain at the neck bilaterally, lumbar spine flexion 30 degrees with pain at the low back with radiation down the bilateral legs, lumbar spine extension 15 degrees with pain at the low back bilaterally. Diagnostic impression: discogenic syndrome cervical and lumbar, muscle spasm, insomnia, left shoulder impingement status post arthroscopic surgery, right shoulder impingement, bilateral median/ulnar nerve injury, asthma. Current treatment is medication management, activity modification and surgery. A prior Utilization Review decision dated 1/28/14 did not grant the request for Capsaicin 0.0375%/Menthol 10%/Camphor 2.5%/Tramadol 20% creme. The rationale for rejection was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMCT 20 TD CREAM: CAPSAICIN 0.0375% / MENTHOL 10% / CAMPHOR 2.5% / TRAMADOL 20% CREME 30 GM: 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 Chronic Pain Medical Treatment Guidelines Page(s): 25, 28, 111-113.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Tramadol, an opioid, and Capsaicin in a 0.0375% formulation is not supported by the California MTUS guidelines. A specific rationale identifying why Capsaicin 0.0375%/Menthol 10%/Camphor 2.5%/Tramadol 20% cream would be required in this patient despite lack of guidelines support was not identified. Therefore, the request for CMCT 20 Td Cream: Capsaicin 0.0375%/Menthol 10%/Camphor 2.5%/Tramadol 20% Creme 30 Gm is not medically necessary.