MAXIMUS Federal Services

Case Number:	CM14-0116646		
Date Assigned:	09/16/2014	Date of Injury:	09/10/2009
Decision Date:	10/15/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/22/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 patient is a 68-year-old with a reported date of injury of 09/10/2009 which occurred when lifting a heavy branch. The patient has the diagnoses of joint derangement unspecified, right shoulder pain and anxiety disorder. Past treatment modalities have included right shoulder surgery. Per the most recent progress reports provided for review by the primary treating physician dated 07/18/2014, the patient had complaints of burning right shoulder pain radiating to the neck characterized as constant and mild to moderate in intensity. The physical exam noted tenderness in the AC joint and the subacromial space with decreased range of motion in the shoulder. Sensation to light touch and pinprick were diminished over C5, C6, C7, C8 and T1 dermatomes on the right. The treatment plan recommendations included continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Capsaicin 0.025% Flurbiprofen 15% Tramadol 15% Menthol 2% Camphor 2% 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): page(s) 111.

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states:Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are appliedlocally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy orin combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenicamines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended.The requested medication contains several components that are not recommended as topical analgesics per the California MTUS. This includes tramadol, menthol and camphor. Per the guideline recommendations, if a compounded agent contains one component that is not recommended, then then entire combination product is not recommended. For these reason the requested medication does not meet guideline recommendations. Therefore the request is not certified.