

Case Number:	CM14-0117216		
Date Assigned:	08/06/2014	Date of Injury:	07/20/2000
Decision Date:	10/06/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/25/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 42-year-old woman who sustained a work-related injury on July 20, 2000. Subsequently, she developed a chronic cervicgia and was diagnosed with reflex sympathetic dystrophy (CRPS) of lower extremities. According to a progress report dated June 9, 2014, the patient continued to suffer from chronic painful condition with complex regional pain syndrome affecting her right lower extremity. She previously exhausted all conservative treatments and a trial of her spinal cord stimulator but failed to improve. Her pain has been managed with medication regimen (Butrans patch, Soma, Effexor ER, Neurontin, Lyrica, Ambien ER, Prilosec, Nabumetone, and capsaicin topical cream as needed) that was helpful without any side effects. Her pain was rated 5-6/10. Her physical examination demonstrated lumbar tenderness with reduced range of motion, slight swelling over the ankle and dorsum of the foot, hypersensitivity and allodynia over the right lateral leg and dorsum of the foot and antalgic gait. There is decreased weight bearing on the right lower extremity. Manual muscle testing of the lower extremity revealed diminished muscle strength at 4/5 in the right hip flexion, 4/5 in the right knee flexion and extension, 4/5 right ankle dorsiflexion and plantar flexion. The patient was diagnosed with right knee trauma with chronic right knee pain, complex regional pain syndrome of the right lower extremity, status post implanted spinal cord stimulator system with failure and removal, development of chronic syndrome, symptoms and signs of fibromyalgia, depression and sleep disturbance. The provider requested authorization for Capsaicin, Menthol, Camphor & Tramadol in Lidoderm #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin, Menthol, Camphor & Tramadol in Lidoderm #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topicals Analgesics.

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

Decision rationale: The requested topical analgesic is formed by the combination of Capsaicin, Tramadol, Menthol, Camphor. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The topical analgesic contains Capsaicin not recommended by MTUS as a topical analgesic. In addition, the patient developed diffuse pain syndrome and it is not recommended to apply a topical analgesic to a large area of the body. Therefore, the request for this topical analgesic is not medically necessary.