

Case Number:	CM14-0119121		
Date Assigned:	08/06/2014	Date of Injury:	10/19/2012
Decision Date:	10/17/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/29/2014

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 Osteopathic Family Practice has a subspecialty in Occupational Medicine/Pain Medicine and Manipulation, 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:

The patient is a 35 year old female employee of [REDACTED] who sustained an industrial injury on 10/19/12 when she slipped on stairs. She underwent a Panel QME evaluation on 2/13/14 at which time she was diagnosed with right wrist sprain/strain and lumbar sprain with facet syndrome. The QME noted that the patient is taking Naproxen and medication for hypertension. An initial evaluation dated 5/22/14 diagnosed the patient with insomnia, right wrist sprain/strain and lumbar sprain/strain. Treatment requested has consisted wrist brace, sleep studies, psyche referral, FCE, physical therapy, hot/cold unit and back support. Request has been submitted for topical medications. On 7/18/14, the requested topical medications was denied by Utilization Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 25%, Tramadol 15% 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): 110-112.

Decision rationale: The request for Diclofenac 25% and Tramadol 15% 240gm is not medically necessary. The CA MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, there is no evidence of neuropathic pain. Furthermore, topical Diclofenac is FDA approved in 1% concentration. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Tramadol in a topical formulation is also not supported. Therefore, this request is not medically necessary.

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): 110-112.

Decision rationale: The request for topical Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% 240gm is not medically necessary. The CA MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, there is no evidence of neuropathic pain. In addition, Capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. There is no evidence that the patient is unable to tolerate or has not responded to oral treatments. The request for Flurbiprofen and Tramadol in a topical formulation is also not supported. Therefore, this request is not medically necessary.