

Case Number:	CM14-0119314		
Date Assigned:	08/06/2014	Date of Injury:	05/03/2013
Decision Date:	10/08/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/28/2014

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; has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 32 year old male presenting with chronic pain following a work related injury on 05/3/2013. The claimant complained of neck, shoulder and back pain. MRI of the lumbar spine showed straightening of the lumbar lordotic curvature which may reflect an element of myospasm, disc dessication with loss of disc height at L5-S1, annular tear at L5-S1, L5-S1 broad based posterior disc herniation indenting on the thecal sac with no significant spinal canal or neural foraminal narrowing, facet and ligament flavum demonstrate normal configuration. MRI of the shoulder showed anterior flattening of the acromion, tendinosis at the supraspinatus, infraspinatus, subscapularis and biceps involving the horizontal and vertical segment as well as synovial effusion. The cervical spine showed multi-level degenerative disc disease. The physical exam showed tenderness to palpation at the occiput, more on the right side, trapezius and levator scapula, scalene, splenius and SCM, tenderness to the bilateral shoulders, sensation decreased in the C5-T1 dermatomes, 4/5 motor strength in bilateral upper extremities, tenderness in the rhomboids and mid trapezius, tenderness in the lumbar spine. The claimant was diagnosed with cervical spine sprain/strain rule out HNP, bilateral shoulder sprain/strain rule out internal derangement, status post right shoulder arthroscopy, thoracic spine sprain/strain rule out herniated nucleus pulposus, low back pain, rule out lumbar disc displacement. A claim was made for compounding creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

210gm Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2%:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compounded Medications; Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: 210gm Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2% is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Additionally, CA MTUS page 111 states that topical analgesics such as Capsaicin are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED). Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. Additionally, Capsaicin concentration of 0.0125% is recommended. The requested dose of Capsaicin is higher than the recommended dose. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis; therefore, the medication is not medically necessary.

210gm Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20%, Cyclobenzaprine 2%:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compounded Medications; Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111-112.

Decision rationale: 210gm Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20%, Cyclobenzaprine 2% is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Additionally, Per CA MTUS page 111 states that topical analgesics are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)...Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis; therefore, the compounded mixture is not medically necessary.

