MAXIMUS Federal Services

Case Number:	CM14-0126367		
Date Assigned:	08/15/2014	Date of Injury:	10/25/2008
Decision Date:	10/21/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/08/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management 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 injured worker is a 61-year-old male who reported an injury on 10/25/2008. The mechanism of injury was the injured worker was carrying a package of empty boxes and picked it up and put it on his shoulders. The injured worker injured his right knee and low back. The injured worker underwent physical therapy and acupuncture as well as shockwave therapy. The injured worker had an MRI of the knee. The injured worker underwent a partial medial meniscectomy and a partial lateral meniscectomy as well as a medial femoral chondroplasty and a lateral femoral chondroplasty on 05/27/2010. The documentation of 03/19/2011 revealed the injured worker had been walking without significant discomfort. The injured worker had decreased range of motion in the bilateral knees. The injured worker's strength was 5/5 in the lower extremities. The diagnoses included lower back pain; disc herniation, lumbar spine; and internal derangement, right knee. The documentation indicated the injured worker required no further surgical interventions. The documentation further indicated the injured worker should be able to utilize physical therapy 2 times a week for 4 weeks for a total of up to 20 sessions per year. There was no clinical documentation requesting the topical medication. There was no RFA submitted for review for the requested medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective for Capsaicin/Tramadol in Lipoderm base dispensed on 3/23/2011: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Topical Capsaicin; Topical Analgesics Page(s): 82; 28; 111. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA.gov

Decision rationale: The California MTUS indicated that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. A thorough search of FDA.gov did not indicate there was a formulation of topical Tramadol that had been FDA approved. The approved form of Tramadol is for oral consumption, which is not recommended as a first line therapy. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of Capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The clinical documentation submitted for review failed to indicate the injured worker had neuropathic pain and had a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation of exceptional factors to warrant non-adherence to Guideline recommendations. Additionally, the request as submitted failed to indicate the frequency, quantity, and strength for the requested medication. The duration of use could not be established. Given the above, the request for retrospective Capsaicin/Tramadol in Lipoderm base dispensed 03/23/2011 is not medically necessary.