

Case Number:	CM14-0149720		
Date Assigned:	09/18/2014	Date of Injury:	06/07/2013
Decision Date:	11/14/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/15/2014

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 Practice and is licensed to practice in Alabama, Mississippi and Tennessee. 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 57-year-old female who reported an injury on 06/07/2013 while driving a school bus, she made a left hand turn on a broken up street which caused her knee to strike the steering column causing pain. The injured worker had a diagnosis of sprain/strain of the left knee and chondromalacia of patella to the left knee. No objective findings were noted in reference to the lumbar spine or right wrist in the clinician's notes dated 01/15/2014. The chiropractic notes dated 01/07/2013 of the lumbar spine included severe pain at 9/10 with slight tingling and functional limitations such as, walking, pushing, standing, sitting, pulling, bending, overhead activities, twisting, and lifting. Range of motion of the lumbar spine with right flexion between 4 and 40 degrees and extension 3 to 5 degrees. Tenderness to palpate at the paralumbar muscles sacroiliac joints sciatic notch, posteriorly iliac crest and gluteus maximus. Strength a 4- with no change tenderness 4 with no change and spasms 3 with no change was noted. The treatment plan included psychotherapy for the right wrist and lumbar spine 2 times a week for 6 weeks. The prior treatments included x-ray to the right wrist dated 04/09/2014 that revealed a negative study. The past treatments included chiropractic therapy, massage therapy, physical therapy, and injections. Medications included Tylenol No. 3. Request for authorization dated 09/18/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Compound Gabapentin 10%, Lidocaine 5%, Tramadol 15% 180gm: Upheld

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

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

Decision rationale: The request for topical gabapentin 10%, lidocaine 5%, Tramadol 15% 180gm is not medically necessary. The California MTUS guidelines state that transdermal compounds are largely experimental in use with few randomized trials recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. The guidelines note gabapentin is not recommended for topical application. The clinical notes provided did not indicate that the injured worker was on any medication including a topical analgesic. Additionally, the urinalysis indicated no detection of the codeine in the body. The guidelines do not recommend topical analgesics. As such, the request is not medically necessary.

Topical Compound Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2%: Upheld

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

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

Decision rationale: The request for topical compound capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, menthol 2%, camphor 2% is not medically necessary. The California MTUS guidelines state that transdermal compounds are largely experimental in use with few randomized trials recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. The clinical notes provided did not indicate that the injured worker was on any medication including a topical analgesic. Additionally, the urinalysis indicated no detection of the codeine in the body. The guidelines do not recommend topical analgesics. As such, the request is not medically necessary.