

Case Number:	CM14-0165093		
Date Assigned:	10/10/2014	Date of Injury:	12/28/2010
Decision Date:	11/05/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/07/2014

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 Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 48 year old male with complaints of low back pain, neck pain, shoulder pain, left hip, knee, ankle, and foot pain. The date of injury is 12/28/10 and the mechanism of injury is twisting/falling injury in which he was descending a stairwell and lost his footing leading to his current symptoms. At the time of request for the following: 1. Capsaicin .025%-Flurbiprofen 20%-Tramadol 15%-Menthol 2%-Camphor 2% 210gm topical 2. Cyclobenzaprine 2%-Tramadol 10%-Flurbiprofen 20% 210gm topical, there were subjective complaints of low back pain, hip, knee, ankle, and foot pain. The objective complaints include walking with a cane, tenderness and spasm lumbar paravertebral musculature, toe walk/heel walk/squat associated with pain, patellar crepitus and tenderness left knee. The imaging findings include an MRI shoulder shows impingement syndrome, EMG upper extremities normal study, MRI lumbar spine 5/4/14 shows multi-level disc protrusions, degenerative disc disease, and foraminal stenosis at L3/4,L4/5,L5/S1, MRI cervical spine 5/4/14 shows multi-level disc protrusions C3/4,C4/5,C5/6 with degenerative changes. The diagnoses includes multi-level disc protrusions cervical and lumbar, cervical/lumbar radiculopathy, shoulder impingement, s/p knee surgery with residual pain, knee tendinosis. Treatment to date includes epidural steroids, shoulder injections, medications, physical therapy, and acupuncture, surgery. Per MTUS-Chronic Pain Medical Treatment guidelines, any compounded drug that contains at least one drug that is not recommended, the compounded drug cannot be recommended. The only topical agent that is FDA approved is capsaicin 0.025% which is indicated for neuropathic pain. The other medications are not currently approved topical analgesic agents.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin .025%/Flurbiprofen 20% Tramadol 15% Menthol 2%/Camphor 2% 210gm:
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: Capsaicin 0.025%-Flurbiprofen 20%-Tramadol 15%-Menthol 2%-Camphor 2% is a compounded topical analgesic. Per MTUS-Chronic Pain Medical Treatment guidelines, any compounded drug that contains at least one drug that is not recommended, the compounded drug cannot be recommended. The only topical agent that is FDA approved is capsaicin 0.025% which is indicated for neuropathic pain. The other medications are not currently approved topical analgesic agents. Therefore, this compounded topical analgesic is not medically necessary.

Cyclobenzaprine 2%/Tramadol 10%/Flurbiprofen 20% 210gm: 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: Cyclobenzaprine 2%-Flurbiprofen 20%-Tramadol 10% is a compounded topical analgesic. Per MTUS-Chronic Pain Medical Treatment guidelines, any compounded drug that contains at least one drug that is not recommended, the compounded drug cannot be recommended. None of these medications are currently approved topical analgesic agents. Therefore, the request for this medication is not medically necessary.