

Case Number:	CM14-0184639		
Date Assigned:	11/12/2014	Date of Injury:	07/16/2009
Decision Date:	12/16/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	11/05/2014

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 47-year-old female with complaints of right knee pain and low back pain. The date of injury is 7/16/09 and the mechanism of injury is a rack struck back of her right knee. At the time of request for Capsaicin/Menthol/Camphor/Tramadol and Flurbiprofen/ Diclofenac, there is subjective constant pain in her right knee and low back spine with radiation into the right leg along with numbness and tingling. Objective findings include antalgic gait to the right and unable to walk on heels and toes; right paravertebral tenderness with guarding; deformity of the left little toe; limited ROM of lumbosacral spine; diminished sensation in a stocking glove fashion in the right leg/foot; right medial and lateral patellar facet, tibial tubercle, medial and lateral joint line, medial and lateral femoral condyle tenderness; limited ROM of right knee; and diffuse tenderness of the right hand with full ROM. Imaging and other findings include right knee MR arthrogram dated 6/30/11 revealed possible intrasubstance tear involving the anterior horn of lateral meniscus; this did not appear to communicate with the surrounding arthrographic contract material and could represent an intrasubstance tear and moderate subcutaneous fatty edema to the lateral knee. A L-spine MRI dated 5/12/11 revealed mild spondylosis of the L3-4, L4-5 and L4-S1; a 3 mm posterior disc protrusion at L4-5 indenting the anterior thecal sac; and a 3-4 mm broad-based posterior disc herniation at L5-S1 with annular tear of the L5-S1 disc), surgeries (right foot procedure, tonsillectomy), allergies (penicillin). The current medications included transdermal triple compounds and NSAID medications were dispensed. The diagnoses includes left long trigger finger, improved with injection, numbness/tingling in both hands, etiology uncertain, chronic lumbar strain with lower extremity referral, and right hand strain secondary to use of crutches). The treatment to date includes 12 sessions of PT with benefit, lumbar epidural injections and

arthroscopy with improvement. The request for Capsaicin/Menthol/Camphor/Tramadol 240 gm and Decision for Flurbiprofen/ Diclofenac 240 gm: was denied on 10/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin/Menthol/Camphor/Tramadol 240gm: Upheld

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

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

Decision rationale: According to the CA MTUS guidelines, Topical Analgesics are recommended as a treatment option as these agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. According to the CA MTUS guidelines, muscle relaxants, such as Cyclobenzaprine, are not recommended in topical formulation. The CA MTUS/ODG states that the only NSAID that is FDA approved for topical application is Diclofenac (Voltaren 1% Gel). Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. As per the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Consequently, the request for Capsaicin/Menthol/Camphor/Tramadol 240gm is not medically necessary according to the guidelines.

Flurbiprofen/ Diclofenac 240gm: Upheld

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

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

Decision rationale: According to the CA MTUS guidelines, Topical Analgesics are recommended as a treatment option as these agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. The CA MTUS/ODG states that the only NSAID that is FDA approved for topical application is Diclofenac (Voltaren 1% Gel). Flurbiprofen is not supported for topical use. As per the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Consequently, the request for Flurbiprofen/ Diclofenac 240gm is not medically necessary according to the guidelines.

