

Case Number:	CM14-0037057		
Date Assigned:	06/25/2014	Date of Injury:	09/13/2012
Decision Date:	01/28/2015	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/27/2014

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 Rehab, has a subspecialty in Interventional Spine 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 patient is a 47 year old male with an injury date on 09/13/2012. Based on the 01/07/2014 progress report provided by the treating physician, the diagnoses are:1. History of cervical complaints unrelated to industrial injuries in question.2. Lumbosacral spine chronic sprain/strain, superimposed upon multilevel disc protrusions including 2.7 mm disc protrusions at L1-2, L2-3, L3-4, and L4-5, with 4 mm (craniocaudal dimension) disc extrusion at L4-5, per MRI of 12/03/2013. According to this report, the patient complains of "localized NECK pain with occasional numbness and tingling." The patient also complains of "generalized RIGHT ARM pain with radiation of pain down the arm to the wrist and occasional numbness and tingling" and "LOW BACK pain with radiation of pain to the left lower extremity to the level of the ankle and occasional numbness and tingling." Physical exam reveals mild tenderness along the lower cervical region, lumbosacral junction, and left posterior/superior iliac spine. The grip JAMAR dynamometer reading on the 2nd notch reveals 32/32/32 on the right and 28/29/28 on the left, per kilograms force. The patient has an 8% " Lumbar Spine Whole Person Impairment." The utilization review denied the request for Retrospective request for (1) Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2%, 240 gm (2) Flurbiprofen 25%, Cyclobenzaprine 2%, Gabapentin 10%, Lidocaine 5%, Tramadol 15%, 240 gm, and (3) Gabapentin 10% Lidocaine 5% Tramadol 15%, 240 gm on 03/20/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 07/24/2013 to 01/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: 240GM of Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% (DOS: 12/16/13): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Cream, Opioids, specific drug list, Criteria for use of Opioids, On-Going Management Pag.

Decision rationale: According to the 01/07/2014 report, this patient presents with localized neck pain with occasional numbness and tingling, generalized right arm pain, and low back pain with radiation. The current request is for retrospective 240GM of Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% (DOS: 12/16/13). Regarding topical compounds, MTUS states that if one of the compounded products is not recommended then the entire compound is not recommended. MTUS then discusses various topicals with their indications. However, there is no discussion specific to Tramadol cream. Official Disability Guidelines do not discuss Tramadol topical either. MTUS does state on page 94 that Tramadol is indicated for moderate to severe pain. Tramadol is a synthetic opioid and usage of Tramadol requires documentation of the 4 A's as stated in MTUS page 78. The treating physician has failed to document (analgesia, ADL's, Adverse effects and Adverse behavior) as required by MTUS. The request is not medically necessary.

Retrospective: 240GM of Flurbiprofen 25%, Cyclobenzaprine 2%, Gabapentin 10%, Lidocaine 5%, Tramadol 15% (DOS: 12/16/13): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Cream Page(s): 111-113.

Decision rationale: According to the 01/07/2014 report, this patient presents with localized neck pain with occasional numbness and tingling, generalized right arm pain, and low back pain with radiation. The current request is for retrospective 240GM of Flurbiprofen 25%, Cyclobenzaprine 2%, Gabapentin 10%, Lidocaine 5%, Tramadol 15% (DOS: 12/16/13). Regarding topical compounds, MTUS states that if one of the compounded products is not recommended then the entire compound is not recommended." MTUS further states Cyclobenzaprine topical, other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. MTUS also states "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS also does not support Gabapentin as a topical product. In this case, Cyclobenzaprine, Gabapentin and Lidocaine, are not recommended for topical formulation. The current request is not medically necessary.

Retrospective: 240GM for Gabapentin 10% Lidocaine 5% Tramadol 15% (DOS: 12/16/13): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Cream Page(s): 111-113.

Decision rationale: According to the 01/07/2014 report, this patient presents with localized neck pain with occasional numbness and tingling, generalized right arm pain, and low back pain with radiation. The current request is for retrospective 240GM for Gabapentin 10% Lidocaine 5% Tramadol 15% (DOS: 12/16/13). Regarding topical compounds, MTUS states that if one of the compounded products is not recommended then the entire compound is not recommended." MTUS further states, Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. MTUS also does not support Gabapentin as a topical product. In this case, Gabapentin and Lidocaine are not recommended for topical formulation. The current request is not medically necessary.