MAXIMUS Federal Services

Case Number:	CM15-0011619		
Date Assigned:	01/28/2015	Date of Injury:	12/10/2008
Decision Date:	03/18/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/20/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 42 year old male injured worker suffered an industrial injury on12/10/2008. The diagnoses include back pain and spinal discopathy. The diagnostics performed to date were electromyography, x-rays and magnetic resonance imaging. The treatments were lumbar fusion, physical therapy, home exercise program, shock wave therapy, and medications. The treating provider reported complaints of low back pain with occasional leg radiation noting tenderness, cane assisted gait decreased range of motion and spasms. The Utilization Review Determination on 1/5/2015 non-certified: 1. Retrospective request compound amitriptyline, tramadol, pencream citing MTUS 2. Retrospective request compound diclofenac, pencream citing MTUS 3. Retrospective request compound capsaicin, menthol, camphor, tramadol pencream citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Compound medication Amitriptyline, Tramadol, and Pencream: Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines, on pages 111-113, specify the following regarding topical Analgesics: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The California Medical Treatment and Utilization Schedule does not have provisions for topical tramadol. There is an absence of peer review controlled studies on topical tramadol and it is not recommended. Therefore, this compounded formulation containing this product is not medically necessary.

Retrospective request for Compound medication Diclofenac and Pencream: Upheld

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

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

Decision rationale: Regarding the request for a topical NSAID medication, guidelines state that topical NSAIDs are recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In the case of this injured worker, the topical medication is intended to be applied for back pain and spinal discopathy, which is not in accordance with indications. This request is not medically necessary.

Retrospective request for Compound medication Capsaicin, Menthol, Camphor, Tramadol, and Pencream: Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines, on pages 111-113, specify the following regarding topical Analgesics: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The California Medical Treatment and Utilization Schedule does not have provisions for topical tramadol. There is an absence of peer review controlled studies on topical tramadol and it is not recommended. Therefore, this compounded formulation containing this product is not medically necessary.