

Case Number:	CM15-0016115		
Date Assigned:	02/04/2015	Date of Injury:	03/17/2014
Decision Date:	03/30/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/28/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43-year-old female who reported an injury on 03/17/2014. The mechanism of injury indicated the injury was repetitive use of the upper extremities. The injured worker's prior treatments included physical therapy and acupuncture. Surgical history was noncontributory. Medications included tramadol and Relafen as needed. The most recent documentation, dated 01/12/2015, revealed the injured worker had subjective complaints of neck pain, headaches, right elbow pain, and right hand pain. The injured worker had decreased range of motion of the cervical spine and increased elevated reflexes in the bilateral upper extremities with a positive Hoffman's sign. The injured worker had decreased grip strength in the right hand. The diagnoses include C4-5 and C5-6 discogenic pain with radiculopathy, right elbow lateral epicondylitis, right index trigger finger, and right carpal tunnel syndrome. The treatment plan included the medication Soma and a continuation of wearing wrist splints at night. There was no Request for Authorization submitted for review. There was no rationale for the use of the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMPD Cream Tramadol 8% Gabapentin 10%, Menthol 2%, Camphor 2%/ Capsaicin 0.5% 120 G Jar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Gabapentin, Topical Capsaicin, Topical Analgesics, Topical Salicylates Page(s): 82, 11.

Decision rationale: The California Medical Treatment Utilization Schedule indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety, are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Salicylates are recommended "A thorough search of FDA.gov did not indicate there was a formulation of topical Tramadol that had been FDA approved. The approved form of Tramadol is for oral consumption, which is not recommended as a first line therapy. Gabapentin: Not recommended. There is no peer-reviewed literature to support use." Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The guidelines recommend Topical Salicylates. The clinical documentation submitted for review failed to provide a rationale for the requested medication. There was a lack of documentation indicating exceptional factors to warrant nonadherence to guideline recommendations and FDA regulations. There was a lack of documentation indicating the injured worker had a trial and failure of antidepressants and anticonvulsants. The request as submitted failed to indicate the frequency and body part to be treated with the medication. Given the above, the request for compd cream tramadol 8% gabapentin 10%, menthol 2%, camphor 2%/ capsaicin 0.5% 120 g jar is not medically necessary.