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| Case Number: | CM15-0129000 | | |
| Date Assigned: | 08/03/2015 | Date of Injury: | 03/17/2015 |
| Decision Date: | 09/03/2015 | UR Denial Date: | 06/29/2015 |
| Priority: | Standard | Application Received: | 07/02/2015 |

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 57 year old, male who sustained a work related injury on 3/17/15. The diagnosis has included lumbar strain-sprain. Treatments are unknown. In the Doctor's First Report of Occupational Injury or Illness dated 6-5-15, the injured worker reports low back pain. The documentation is very difficult to decipher. There is no documentation of working status. The treatment plan is unknown.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound cream 240gm Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 132. Decision based on Non-MTUS Citation Official Disability Guidelines: Topical analgesics.

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

Decision rationale: CA MTUS Guidelines state that topical analgesics are largely experimental in use with no randomized controlled trials to establish safety or efficacy. In this case, a compounded product containing Flurbiprofen, Capsaicin, Tramadol, Menthol, and Camphor has been requested for this patient. Topical NSAIDs like Flurbiprofen have been shown to be efficacious for the short-term treatment of osteoarthritis. This patient has no documentation of osteoarthritis. Tramadol is not approved for topical use. Capsaicin is recommended only as an option in patients who have not responded or are intolerant of other treatments. There is no documentation of ineffective oral agents. Menthol and Camphor are over-the-counter preparations which are not recommended for the patient's condition. Thus the request is deemed not medically necessary or appropriate.

Topical compound cream Diclofenac 25%, Tramadol 15%: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 132. Decision based on Non-MTUS Citation Official Disability Guidelines: Topical analgesics.

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

Decision rationale: CA MTUS states that topical analgesics are largely experimental with few randomized controlled trials to determine safety or efficacy. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the compounded agent contains Diclofenac (Voltaren) and Tramadol. Diclofenac is indicated for relief of osteoarthritis pain in small joints such as ankle, elbow, foot, hand, knee and wrist. In this case, there is no documentation of osteoarthritis and use on the lumbar spine is not recommended. In addition, Tramadol is not indicated for topical use. Therefore the request is deemed not medically necessary or appropriate.