

Case Number:	CM15-0026049		
Date Assigned:	02/18/2015	Date of Injury:	03/04/2013
Decision Date:	04/02/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/11/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 36-year-old female sustained a work related injury on 03/04/2013. According to the most recent chiropractic progress report submitted for review and dated 12/29/2014, the injured worker felt the same pain on the lumbar spine, right knee and left leg. There was a lot of pressure, and pain was constant. Pain was rated 8 on a scale of 1-10. Diagnoses included radicular neuralgia, lumbar discopathy and knee strain/sprain. On 02/05/2015, Utilization Review non-certified Capsaicin .0375%/Menthol 10%/Camphor 2.5%/Tramadol 20% 240 grams quantity 1 and Flurbiprofen 25%/Diclofenac 10% 240 grams quantity 1. According to the Utilization Review physician, documentation did not identify any conditions/diagnoses for which treatment with components such as Tramadol would be supported topically and why topical treatment would be preferable to the use of oral medication. There was no evidence that the injured worker had failed or was not tolerant to oral medications. The records did not provide a rationale as to why the injured worker would require two separate topical anti-inflammatory medications simultaneously. CA MTUS Chronic Pain Medical Treatment Guidelines, Topical Analgesics were referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin .0375%/Menthol 10%/Camphor 2.5%/Tramadol 20% 240gm QTY 1: 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: The requested topical analgesic is formed by the combination of Capsaicin, Flurbiprofen, Tramadol, Menthol, Camphor. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The topical analgesic contains Capsaicin not recommended by MTUS as a topical analgesic. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Therefore, the request for 240gm Capsaicin.0375%/Menthol 10%/Camphor 2.5%/Tramadol 20% is not medically necessary.

Flurbiprofen 25%/Diclofenac 10% 240gm QTY 1: 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: The requested topical analgesic is formed by the combination of flurbiprofen 25%/diclofenac 10%. According to MTUS, in Chronic Pain Medical Treatment, guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The topical analgesic contains diclofenac not recommended by MTUS as a topical analgesic. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Therefore, the request for this topical analgesic is not medically necessary.