

Case Number:	CM15-0074315		
Date Assigned:	04/24/2015	Date of Injury:	03/02/2010
Decision Date:	05/21/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/20/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented 48-year-old who has filed a claim for chronic low back and bilateral knee pain reportedly associated with an industrial injury of March 2, 2010. In a Utilization Review report dated March 13, 2015, the claims administrator failed to approve requests for topical compounded medications. The claims administrator referenced a January 30, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On March 17, 2015, Norco and an orthopedic spine surgery consultation were sought. The applicant was placed off of work, on total temporary disability. Ongoing complaints of low back pain radiating to the left leg, 6/10, were reported. On February 27, 2015, several topical compounded medications were endorsed while the applicant was again placed off of work, on total temporary disability. In an earlier progress note dated December 19, 2014, the applicant was given prescriptions for tramadol, Soma, Neurontin, and several topical compounds. The applicant was again placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025%/Flurbiprofen 15%/Tramadol 15%/ Menthol 2%/Camphor 2% #180gm:
 Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical; Topical Analgesics Page(s): 28; 111.

Decision rationale: No, the request for a capsaicin-flurbiprofen-tramadol-menthol-camphor compound was not medically necessary, medically appropriate, or indicated here. As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, capsaicin, the primary ingredient in the compound, is not recommended except as a last-line agent, for applicants who have not responded to and/or are intolerant of other treatments. Here, however, the applicant's ongoing usage of first-line oral pharmaceuticals such as Norco, Neurontin, tramadol, etc., effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the largely experimental topical compounded agent in question. Therefore, the request was not medically necessary.

Diclofenac 25%/tramadol 15% #180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac) Page(s): 112.

Decision rationale: Similarly, the request for a diclofenac-tramadol containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical diclofenac has not been evaluated for treatment of the spine, hip, and/or shoulder. Here, however, the applicant's primary pain generator was, in fact, the low back (lumbar spine), i.e., a body part for which topical diclofenac has not been evaluated. The attending provider failed to furnish a compelling rationale for selection of the topical diclofenac-containing compound for a body part for which it has not been evaluated, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.