

Case Number:	CM14-0141771		
Date Assigned:	09/10/2014	Date of Injury:	10/31/2012
Decision Date:	11/19/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Iowa. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 34 year-old male with a date of injury of 10/31/2012. A review of the medical documentation indicates that the patient is undergoing treatment for R knee and low back pain. Subjective complaints (7/23/2014) include low back and R knee pain (knee more severe), worsened with walking. Objective findings (7/23/2014) include pain with lumbar spine bilateral tenderness with slightly decreased ROM; and right knee prepatellar tenderness with decreased ROM. Diagnoses include R knee sprain and lumbar strain. The patient has undergone MRI of the lumbar spine (5/14) which showed L4-5 and L5-S1 disc nucleus pulposus tear; and of the right knee which showed medial and lateral meniscal tears. A utilization review dated 8/18/2014 did not certify the request for Pharmacy Compound (Capsaicin 0.25%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2%), 240 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY COMPOUND: CAPSAICIN 0.25%, FLURBIPROFEN 15%, TRAMADOL 15%, MENTHOL 2% CAMPHOR 2% 240GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 112. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Capsaicin Page(s): 111-113, 28. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams

Decision rationale: The compound listed has several components to it. MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. For the analgesics, MTUS and ODG recommend use of topical analgesics as an option primarily for neuropathic pain, when trials of antidepressants and anticonvulsants have failed. MTUS states there is little to no research to support the use of most topical agents, and that the only FDA-approved NSAID medical for topical use is diclofenac, which is only indicated for joint osteoarthritis. The pain reliever in this compound includes flurbiprofen and tramadol. For capsaicin, MTUS recommends this only as an option in patients who have not responded or are intolerant to other treatments. For menthol, ODG recommends use only in the context of cryotherapy for acute pain. For camphor, there was no evidence-based recommendation found for review. In this patient's case, there is no medical documentation of failure of other types of therapy, or of evidence of neuropathic or osteoarthritic pain. The patient is primarily suffering from pain due to trauma and structural damage, and all of the medications in this compound are separately not indicated for these diagnoses. Therefore, the request for Pharmacy Compound (Capsaicin 0.25%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2%), 240 gm, is not medically necessary.