

<b>Case Number:</b>	CM13-0015566		
<b>Date Assigned:</b>	03/12/2014	<b>Date of Injury:</b>	01/18/2013
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	08/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### 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 Geriatrics and is licensed to practice in New York. 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 injured worker is a 58 year old woman with a date of injury of 1/18/13. She had an initial evaluation by her primary treating physician on 7/15/13. She complained of 5/10 neck pain radiating to her right arm, 8/10 right shoulder pain radiating to her lumbar region, 9/10 upper back pain radiating to her lumbar spine, 8/10 right forearm pain, 9/10 low back pain and 10/10 right hip and thigh pain. On physical exam, cervical range of motion was normal but painful, she had tenderness to palpation and spasm in her right shoulder, normal forearm range of motion, tenderness to palpation and spasm in the lumbosacral spine with reduced range of motion and limited right hip and thigh range of motion with pain. Her diagnoses included cervicalgia (neck pain), pain in right upper arm, lumbago (pain in lumbar spine) and pain in pelvis-right thigh. Several treatment modalities were recommended /requested included topical analgesics and a lumbar brace which are at issue in this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR BRACE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9,301.

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, the use of back belts as lumbar support should be avoided as they have shown little or no benefit, thereby providing only a false sense of security. Additionally, Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. It is not clear as to how beneficial a lumbar support brace will be at this point in the patient's treatment with the injury occurring 6 months ago. The request for a lumbar brace is not medically necessary and appropriate.

**1 PRESCRIPTION OF COMPOUNDED TRANSDERMAL CREAM (FLURBIPROFEN 20%, CAPSAICIN 0.025%, TRAMADOL 10%, MENTHOL 2%, CAMPHOR 2%):**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. Capsaicin is recommended only as an option in patients who have not responded to or are intolerant to other treatments. The request for 1 prescription of compounded transdermal cream (Flurbiprofen 20%, Capsaicin 0.025%, Tramadol 10%, Menthol 2%, Camphor 2%) is not medically necessary and appropriate.