

Case Number:	CM13-0021206		
Date Assigned:	11/08/2013	Date of Injury:	04/17/2007
Decision Date:	02/12/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Geriatrics, and is licensed to practice in New York, Pennsylvania, and Washington. 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 physician 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 56 year old woman who sustained a work-related injury on 4/17/08 related to pulling and lifting rolls of carpet. Her current diagnoses include cervical disc displacement, lumbar spondylolisthesis with mechanical backache, L4-5 degenerative disc disease, multidirectional instability, meniscal tears in the right knee, and bilateral lumbar radiculopathy. Notes from a doctor's visit on 2/27/13 discuss her desire to proceed with gastric bypass. The patient subjectively indicates that her current medications and dosing facilitate her activities of daily living. Her physical exam revealed decreased spasms in her lumbar paraspinal musculature and improved lumbar range of motion. Her lower extremity neurologic evaluation was unchanged. She was mobile with a walker. There are no other recent notes, though the claim denial indicates she has been treated with oral medications, physical therapy, and an MRI which revealed a 4mm disc protrusion at L4-5 and a 2mm anterior displacement at L4-5 with spinal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen: Upheld

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

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

Decision rationale: Per the MTUS, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety, and any compounded product that contains at least one drug or drug class that is not recommended is not recommended as a whole. 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 their use in neuropathic pain. Regarding topical Cyclobenzaprine in this injured worker, the records do not provide clinical evidence to support medical necessity. The request is non-certified.

Cyclobenzaprine: Upheld

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

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

Decision rationale: Per the MTUS, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety, and any compounded product that contains at least one drug or drug class that is not recommended is not recommended as a whole. Regarding Cyclobenzaprine, there is no evidence for use of this muscle relaxant as a topical product. Additionally, the records do not provide clinical evidence to support medical necessity. The request is non-certified.

Ultraderm: Upheld

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

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

Decision rationale: Per the MTUS, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety, and any compounded product that contains at least one drug or drug class that is not recommended is not recommended as a whole. Regarding Ultraderm, an emollient, the records do not provide clinical evidence to support medical necessity. The request is non-certified.

Tramadol: Upheld

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

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

Decision rationale: Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. Per the MTUS, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety, and any compounded product that contains at least one drug or drug class that is not recommended is not recommended as a whole. Regarding Tramadol, the records do not provide clinical evidence to support medical necessity. The request is non-certified.

Gabapentin powder: Upheld

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

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

Decision rationale: Per the MTUS, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety, and any compounded product that contains at least one drug or drug class that is not recommended is not recommended as a whole. Regarding Gabapentin, there is no evidence or peer-reviewed literature to support its use; it is not recommended. Additionally, the records do not provide clinical evidence to support medical necessity. The request is non-certified.

camphor: Upheld

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

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

Decision rationale: Per the MTUS, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety, and any compounded product that contains at least one drug or drug class that is not recommended is not recommended as a whole. Regarding camphor, the records do not provide clinical evidence to support medical necessity. The request is non-certified.

capsaicin: Upheld

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

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

Decision rationale: Per the MTUS, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety, and any compounded product that contains at least one drug or drug class that is not recommended is not recommended as a whole. Regarding capsaicin, it is recommended only as an option in patients who have not responded to or are intolerant to other treatments. Additionally, the records do not provide clinical evidence to support medical necessity. The request is non-certified.

menthol: Upheld

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

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

Decision rationale: Per the MTUS, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety, and any compounded product that contains at least one drug or drug class that is not recommended is not recommended as a whole. Regarding menthol, the records do not provide clinical evidence to support medical necessity. The request is non-certified.