

Case Number:	CM13-0032620		
Date Assigned:	12/11/2013	Date of Injury:	02/22/2001
Decision Date:	04/18/2014	UR Denial Date:	09/14/2013
Priority:	Standard	Application Received:	10/08/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 59-year-old male who reported an injury on 02/22/2001. The 05/23/2013 clinic note reported that the patient complained of a recent fall that resulted in him hitting his right ribcage and lower back that was causing him pain in that area. On examination of the lumbar spine, he had pain and tenderness with limited range of motion and a positive straight leg raise. He was recommended for home exercise and medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR PRESCRIPTION OF OF FLURBIPROFEN/CYCLOBENZAPRINE COMPOUND CREAM (DURATION UNKNOWN AND FREQUENCY TWICE DAILY) DISPENSED ON 5/23/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Cyclobenzaprine (Flexeril®), NSAIDs, Flurbiprofen Page(s): 41,67,72, 111.

Decision rationale: California MTUS recommends the use of topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed; the use of cyclobenzaprine for short course therapies, after first line medications have failed; and topical NSAIDs for

osteoarthritis. The documentation submitted did not provide evidence of objective measurements for pain, strength, and range of motion and does not support the need for pain medication. Additionally, the documentation did not provide evidence of failed outcomes from first line antidepressants and anticonvulsants or evidence of neuropathic pain or osteoarthritis. Given the above, the request is non-certified.

RETROSPECTIVE REQUEST FOR PRESCRIPTION OF TRAMADOL/GABAPENTIN/MENTHOL/CAMPHOR/CAPSAIC COMPOUND CREAM (DURATION UNKNOWN AND FREQUENCY TWICE DAILY) DISPENSED ON 5/23/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Tramadol, Gabapentin, Capsaicin Page(s): 93,111-113.

Decision rationale: California MTUS recommends the use of topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Capsaicin is recommended for those whose pain has not been controlled successfully with conventional therapy. Gabapentin is not recommended and tramadol is not recommended a first line oral analgesic. The documentation submitted did not provide evidence of the patient's objectively measured pain, strength, and range of motion. The documentation did not provide evidence of failed outcomes from first line antidepressants and anticonvulsants or evidence the patient has neuropathic pain or osteoarthritis. Given the above, the request is non-certified.