

Case Number:	CM13-0034152		
Date Assigned:	12/18/2013	Date of Injury:	01/24/2011
Decision Date:	03/14/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/11/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 patient is a 52 year old female that reported an injury on 01/24/2011. The mechanism of injury was not included in the documents provided. The clinical note dated 06/10/2013 is incomplete. The patient has diagnosis of lumbosacral spondylosis and Lumbar Facet Arthropathy / Coccygodynia with noted spasms during the clinical visit but had no documentation of pain level. The patient stated that her pain was characterized as dull and aching on visit dated 11/02/12 and as sharp on the visit for 11/30/2012. No testing or therapy was included in the documentation. The patient's plan of treatment included a medication trial of tramadol, request of further physical therapy, continue with home exercise, and CM-10 compound cream, and a recommendation of Yoga. The patient had prior Physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM-10 Capsaicin9/Camphor0.6/Capsaicin powder 0.0112/Tramadol 1.2/Lidoderm base 21.6 and Compound Dispensing Fee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS American College of Occupational and Environmental Medicine (ACOEM), December 5, 2006- News Release-FDA Official Disability Guidelines (ODG), Topical Analgesics

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

Decision rationale: The request is non-certified. The patient has diagnosis of lumbosacral spondylosis with noted spasms during the clinical visit had no documentation of pain level. The California MUTS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Guidelines also indication that topical creams are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation provided that trials of antidepressant medication or anticonvulsant medications have failed. Furthermore, guidelines state that only Lidoderm is FDA approved use of topical lidocaine. Therefore, the request is non-certified.