MAXIMUS Federal Services

Case Number:	CM13-0039076		
Date Assigned:	12/18/2013	Date of Injury:	09/01/2009
Decision Date:	02/13/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/02/2013

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 Medicine 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 47-year-old male whose injury date was 07/08/1994 through 09/01/2009. The patient was diagnosed with L4-5 discopathy and lower extremity radiculitis, left greater than right. The clinical documentation states that the patient continued to complain of low back pain and sleep deprivation. The patient also complained of numbness and tingling. Physical examination of the lumbar spine revealed range of motion was stiff, achy, and only mildly limited. The patient had slightly diminished sensation on examination of the left lower extremity, as well as right L5 distribution. It appeared to be more pronounced in the left than on the right. The patient reported he had good days and bad days and that he was still working with [redacted] on modified duty, which enables him to continue working. The patient reported that for the most part he is symptomatic but tolerating the symptoms. The patient reported that he does exercises, stretches, and limits activities to calm down the symptoms. Treatment plan included weight loss, Anaprox DS, and a re-evaluation in 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of compounded-Methyl SA/Menthol C/Capsaicin/Aloe Vera/EMULS, Day Supply: 15 Qty: 60 Refills: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The clinical documentation submitted for review does not meet the guideline recommendations. The patient complained of low back pain associated with numbness and tingling. CA MTUS states any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. CA MTUS also states compounded products are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Given the lack of documentation to support guideline criteria, the request is non-certified.