

Case Number:	CM13-0042222		
Date Assigned:	12/27/2013	Date of Injury:	11/19/2010
Decision Date:	05/06/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/17/2013

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 Orthopedic Surgery and is licensed to practice in California. 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 claimant is a 67-year-old female who sustained an injury to the cervical and lumbar spines and bilateral shoulders on November 19, 2010. The PR2 report dated September 30, 2013 documented continued complaints of neck, low back and shoulder pain and secondary diagnoses of stress, anxiety, depression and insomnia. The claimant described stiffness of the cervical spine and examination showed tenderness to palpation, restricted range of motion and "decreased sensation" to the cervical and lumbar spine in a non-documented dermatomal distribution. The recommendation on the PR-2 report documented continued use of medications to include oral Naprosyn, Capsaicin cream, ibuprofen cream and a urinalysis for "drug compliance". Additional medications prescribed for the claimant were not noted and no clinical imaging was provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPICAL CAPSAICIN CREAM 60 GM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 28.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, Capsaicin cannot be recommended as medically necessary. The Chronic Pain Guidelines recommend Capsaicin for claimant's who are intolerant or do not respond to other first line treatment modalities. The clinical records in this case do not indicate intolerance to first line agents for this claimant who is also taking oral antiinflammatory medication. Based upon the documentation of the claimant's clinical presentation, the absence of documentation that the claimant is experiencing a symptomatic flare, the continued use of Capsaicin would not be indicated.

IBUPROFEN 10 % TOPICAL COMPOUND: Upheld

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

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

Decision rationale: California MTUS Chronic Pain Guidelines do not support the role of topical ibuprofen. At present, the only antiinflammatory agent recommended for topical application is diclofenac. The documentation provided for review also indicates that the claimant is taking oral anti-inflammatory medication. Therefore, the use of topical ibuprofen based on the Chronic Pain Guidelines cannot be recommended as medically necessary.

URINE ANALYSIS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines URINE DRUG SCREEN Page(s): 43.

Decision rationale: The MTUS Chronic Pain Guidelines do not support a urine drug screen for this claimant. The records document that the purpose for the urine drug screen is for "medication compliance", the records provided for review only document that the claimant is using topical antiinflammatory medications and oral antiinflammatory agents. There is no current indication that the claimant is prescribed an opioid or taking other medications. The request for a urine drug screen for "medication compliance" would have no formal purpose in this claimant's care.