

Case Number:	CM13-0044294		
Date Assigned:	06/09/2014	Date of Injury:	06/10/2013
Decision Date:	07/14/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	09/30/2013

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 Mississippi. 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 injured worker is a 49-year-old male who was reportedly injured on 6/10/2013. The mechanism of injury was listed as repetitive lifting of boxes while loading a container. The most recent progress note dated 9/11/2013, which indicates there were ongoing complaints of low back pain, left leg radicular pain, neck pain, right shoulder pain and right hand numbness. The physical examination demonstrated tenderness to the cervical spine, positive Spurling's test, hypoesthesia to C6-C7, decreased cervical range of motion with spasms, tenderness to the lumbar spine at L3-L5, and positive straight leg raise left leg at 90. There were no diagnostic studies available for review. No previous treatment was documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETOPROFEN/CYCLOBENZAPRINE/LIDOCAINE 10 PERCENT 3 PERCENT 5 PERCENT(120) MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 111-113.

Decision rationale: Topical analgesics are not recommended as first line treatment of pain and radicular symptoms unless they have failed oral agents or are unable to tolerate oral medications. The use of topical analgesics has been deemed largely experimental with few randomized controlled trials to document efficacy and safety. When noting no noted efficacy, there is no clear clinical indication for the continued use of this analgesic. At this time, topical analgesics are not medically necessary in the treatment of this patient.

TOPICAL COMPOUND CREAM FLURBIPROFEN/CAPSAICIN/MENTHOL

10/2.025/21 120 GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

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