

Case Number:	CM13-0046732		
Date Assigned:	12/27/2013	Date of Injury:	06/19/2013
Decision Date:	04/24/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/01/2013

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 Family Practice and is licensed to practice in Texas. 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 35-year-old male who reported an injury on 06/19/2013. The patient was reportedly injured while pulling out a lift gate. The patient is diagnosed with thoracic sprain, lumbar sprain, idiopathic peripheral autonomic neuropathy, unspecified disorder of the autonomic nervous system, and unspecified adjustment reaction. The patient was seen by [REDACTED] on 10/17/2013. The patient reported persistent mid and lower back pain. The patient was currently utilizing oral and topical medication without any side effects. Physical examination on that date revealed limited range of motion with lumbar spasms. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND TOPICAL TEROGIN 240ML: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS, Page(s): 111-112.

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any

compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. As per the documentation submitted, the patient has continuously utilized the requested medication. Despite ongoing use, the patient continues to report high levels of pain. The patient's physical examination continues to reveal limited range of motion with lumbar spasm. There is no documentation of objective functional improvement as a result of the ongoing use of this medication. There is also no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Based on the clinical information received, the request is non-certified.

COMPOUND TOPICAL FLURBI (NAP) CREAM-LA 180GMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. The only FDA approved topical NSAID is diclofenac. Therefore, the request cannot be determined as medically appropriate. As such, the request is non-certified.