

Case Number:	CM13-0056693		
Date Assigned:	12/30/2013	Date of Injury:	08/01/2012
Decision Date:	05/06/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/22/2013

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 injured worker is a 29-year-old male who reported an injury on 08/01/2012, secondary to repetitive heavy lifting. Current diagnoses include inguinal hernia, sciatica, lumbar disc herniation, lumbar sprain and strain, and plantar calcaneal spur. The injured worker was evaluated on 12/12/2013. The injured worker reported persistent lower back pain. Physical examination revealed limited range of motion, numbness in bilateral lower extremities, and tenderness to palpation. Treatment recommendations included physical therapy, acupuncture treatment, a urinalysis, and continuation of a topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF TOPICAL CREAM (FLURBIPROFEN 10%, CAPSAICIN 0.025, MENTHOL 2, CAMPHOR 1%) 120GM #1: Upheld

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

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

Decision rationale: The MTUS Chronic Pain 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 one drug that is not recommended is not recommended as a whole. The only FDA-approved topical NSAID is Diclofenac. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is available as a 0.025% formulation for treatment of osteoarthritis. As per the documentation submitted, the injured worker does not maintain a diagnosis of osteoarthritis. Based on the clinical information received and the California MTUS Chronic Pain Guidelines, the request is not medically necessary and appropriate.