

<b>Case Number:</b>	CM13-0058395		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/05/2013
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 Neurological 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 injured worker is a 38-year-old male who was reportedly injured on 7/5/13. The mechanism of injury was noted as a lifting injury. The most recent progress note dated 8/6/2013 indicated that there were ongoing complaints of low back pain, with radiating pain to the left hip, left leg and left foot. The physical examination demonstrated lumbar spine: Positive tenderness to palpation over the lumbar spine region, with a limited range of motion due to pain and spasms. In the left hips/thigh, tenderness to palpation over the bilateral hip was noted. Additionally, there was a noted decreased range of motion due to pain and spasm. In the patient's knee, range of motion of the bilateral knees elicited pain and spasm. There was decreased sensation in the left leg. No recent diagnostic studies were available for review. Treatment included physical therapy, acupuncture, and medications. A request had been made for Capsaicin/Flurbiprofen/Tramadol/Menthol/Camphor and was not certified in the pre-authorization process on 10/29/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CAPSAICIN/FLUBIPROFEN/TRAMADOL/MENTHOL/CAMPBOR DURATION AND FREQUENCY UNKNOWN DISPENSED ON 08/31/2013 FOR THE LUMBAR SPINE:**

Upheld

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

**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:** The MTUS Chronic Pain Guidelines state that topical analgesics are largely experimental and that any compound product that contains at least one drug (or drug class), that is not recommended, is not recommended. The MTUS Chronic Pain Guidelines note there is little evidence to support the use of topical non-steroidal anti-inflammatory drugs for treatment of the above noted diagnosis. As such, the request is not medically necessary and appropriate.