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| Case Number: | CM13-0070693 | | |
| Date Assigned: | 01/08/2014 | Date of Injury: | 12/15/2007 |
| Decision Date: | 04/15/2014 | UR Denial Date: | 12/13/2013 |
| Priority: | Standard | Application Received: | 12/26/2013 |

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 Internal Medicine 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 patient is a 60-year-old male with date of injury on 12/15/2007 while climbing a ladder with "heavy equipment." He reported acute back pain and left knee pain at the time of the injury. He has been reported to have trialed non-opiate medications and outcomes are not available. He has been reported to be taking opiates for many years and urine drug screens are consistent. Outcomes of pain and function on and off medications are not documented. The current request is for medications prescribed that contains capsaicin, menthol, methyl salicylate, and lidocaine dispensed on 11/8/2013 for low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE FOR MEDICATIONS PRESCRIBED (CAPS/MENTH/METHYL/LIDO DURATION AND FREQUENCY UNKNOWN DISPENSED 11/8/2013 FOR LOW BACK): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS guidelines recommend that one medication be trialed at a time and document outcome with regards to pain and function occurred (page 60 - medications for chronic pain). Topical analgesics containing multiple compounds should be evaluated by individual agent. Capsaicin should only be used if complete failure or intolerance to oral medication and treatment occur. Furthermore, lidocaine should only be used in neuropathic pain, for which the patient does not have. The guidelines, for all of the above reasons, have not been met and therefore, the compounded medication containing capsaicin, menthol, and methyl salicylate is not medically necessary.