

Case Number:	CM13-0072150		
Date Assigned:	01/15/2014	Date of Injury:	11/02/2012
Decision Date:	06/23/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	12/30/2013

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 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 injured on November 2, 2012. The injury occurred while the injured worker was attempting to pull a hose trapped in the ground. The injured worker felt a sharp, pulling sensation in his back. After the injury, he was not able to fully stand. The injured worker is documented as having constant low back pain radiating into both lower extremities. Previous conservative care has included oral anti-inflammatories and exercise. Electrodiagnostic studies are documented as having been performed on July 22, 2013 and demonstrated no significant findings. An MRI of the lumbar spine was obtained on June 23, 2013 and documents multilevel disc desiccation from L2-S1, loss of normal curvature, and disc herniations creating bilateral neuroforaminal stenosis and spinal canal stenosis at L4-S1. The utilization review in question was rendered on December 23, 2013. The reviewer noncertified the request for the two topical compounded medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

240 GRAM OF CAPSAICIN 0.025%, FLURBIPROFEN 20%, TRAMADOL 10%, MENTHOL 2%, CAMPHOR 2% WITH 2 REFILLS: Upheld

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

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

Decision rationale: The California Treatment Utilization Schedule (CAMTUS) guidelines support the use of topical non steroidal anti inflammatories (NSAIDs) for management of osteoarthritis of the knee and other joints that are amenable to topical treatment. Based on the clinical documentation provided, the injured worker predominately has low back symptoms with evidence of disc herniation and multilevel degenerative changes on MRI. It is noted that osteoarthritis of the back is not considered a valid treatment option for topical anti-inflammatories. Additionally, topical anti-inflammatories are not recommended for the management of neuropathic pain. According to the California Treatment Utilization Schedule (CAMTUS), when a single component of a compounded medication is considered not medically necessary then the whole compound is considered not medically necessary. The requested topical medication compound contains a non steroidal anti-inflammatory (NSAID) medication. As such, this request is considered not medically necessary.

240 GRAMS FLURBIPROFEN 20% AND TRAMADOL 20% WITH 2 REFILLS: Upheld

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

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

Decision rationale: The California Treatment Utilization Schedule (CAMTUS) guidelines support the use of topical non steroidal anti inflammatories (NSAIDs) for management of osteoarthritis of the knee and other joints that are amenable to topical treatment. Based on the clinical documentation provided, the injured worker predominately has low back symptoms with evidence of disc herniation and multilevel degenerative changes on MRI. It is noted that osteoarthritis of the back is not considered a valid treatment option for topical anti-inflammatories. Additionally, topical anti-inflammatories are not recommended for the management of neuropathic pain. According to the California Treatment Utilization Schedule (CAMTUS), when a single component of a compounded medication is considered not medically necessary then the whole compound is considered not medically necessary. The requested topical medication compound contains a non steroidal anti-inflammatory (NSAID) medication. As such, this request is considered not medically necessary.