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| Case Number: | CM13-0072414 | | |
| Date Assigned: | 01/08/2014 | Date of Injury: | 01/24/1994 |
| Decision Date: | 06/23/2014 | UR Denial Date: | 12/19/2013 |
| 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 Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine 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 66-year-old male who reported an injury on 01/24/1994, the mechanism of injury was not provided within the medical records. A clinical note dated 02/18/2014 noted the injured worker presented with complaints of midback pain, low back pain, frequent right knee pain, and pain above and below the knee. The injured worker's physical exam of the lumbar spine revealed paraspinal spasms and tenderness to palpation, positive straight leg to the right, and weakness in the extensor hallucis longus, tibial anterior, and gastrocnemius muscle groups. The injured worker was diagnosed with cervical spondylosis, herniated nucleus pulposus at C4-5, herniated nucleus pulposus at the C6-7, bilateral upper extremity radiculopathy, bilateral L5 pars intra-articularis fracture with spondylolysis at L5-S1, large disc herniation at L4-5, a large herniated nucleus pulposus at L3-4, a herniated nucleus pulposus at L2-3, bilateral lower extremity radiculopathy, status post right knee arthroscopy, status post left De Quervain's surgery with residual (note in file states residuals) and extensor tendinosis, status post left foot tylectomy for hallux rigidus on 02/21/2013, and weight gain secondary to industrial injuries. The provider recommended flurbiprofen 20% gel at 120 grams and Medrox patches with a quantity of 30. The Request for Authorization form was not included in the medical documents for review. The provider's rationale for the request was not provided in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN 20% GEL, 120 GM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES

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

Decision rationale: The request for flurbiprofen 20% gel at 120 grams is non-certified. The California MTUS guidelines state that transdermal compounds are largely experimental in use with few randomized control trials to determine efficacy or safety. Topical analgesia are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines note topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amiable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. It is unclear if the injured worker has a diagnosis which would be congruent with the guideline recommendations for topical NSAIDs. Additionally, the site at which the medication was to be utilized was unclear within the request. Therefore the request is non-certified

MEDROX PATCHES, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES

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

Decision rationale: The request for Medrox patches with a quantity of 30 is non-certified. Medrox patches are comprised of menthol 5 grams and capsaicin 0.0375 grams. The California MTUS guidelines state that transdermal compounds are largely experimental in use with few randomized control trials to determine efficacy or safety. Topical analgesia are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded products that contain at least 1 drug that is not recommended is not recommended. The guidelines further state that capsaicin is recommended only as an option in injured workers who have not responded or are intolerant to other treatments. It is unclear if the injured worker has a diagnosis which would be congruent with the guideline recommendations for topical capsaicin. It did not appear the injured worker has not responded to or was intolerant to other treatments. Guidelines note any compounded product that contains at least 1 drug that is not recommended is not recommended. Therefore, the request is non-certified.