MAXIMUS Federal Services

Case Number:	CM14-0000953		
Date Assigned:	01/22/2014	Date of Injury:	10/08/2013
Decision Date:	06/09/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/02/2014

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 and Rehabilitation and is licensed to practice in Florida. 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 female who reported an injury on 10/08/2013. Per the emergency room note dated 10/08/2013 the injured worker's pant leg was caught in a trailer tire and she was dragged for a short distance. Per the clinical note dated 01/03/2014 the injured worker underwent conservative care for the low back including medications, physical and manipulation therapy, and injections. However, the injured worker still reported significant residual symptoms and underwent extracorporeal shockwave therapy to her lower back; this was the fourth such treatment of this procedure. The CT dated 12/17/2013 revealed a disc protrusion at L4-L5 and L5-S1 as well as moderate discogenic spondylosis at L5-S1. Per the MRI of the left knee dated 12/14/2013 the injured worker had a partial thickness tear of the anterior cruciate ligament and mucoid degeneration of the posterior horn of the medial meniscus. The request for authorization for medical treatment was not provided in the clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

240 GRAM COMPOUND (CAPSAICIN 0.025%, FLURBIPROFEN 15%, TRAMADOL 15%, MENTHOL 2%, CAMPHOR 2%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compounding medications Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111, 112.

Decision rationale: The CA MTUS Guidelines state that topical NSAIDS are recommended for short-term treatment of osteoarthritis and tendinitis affecting joints that are amenable to topical treatment, but this does not include the spine, shoulders or hips. Capsaicin is recommended only as an option in injured workers who have not responded to or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There was a lack of documentation indicating the intended use of the requested compound. NSAIDS such as flurbiprofen are not recommended for the spine. Capsaicin is recommended for osteoarthritis and chronic non-specific back pain. There is a lack of documentation indicating the injured worker had diagnoses which would indicate their need for the medications. Therefore, the request for the 240 gram compound of capsaicin, flurbiprofen, tramadol, menthol, and camphor is non-certified.