

Case Number:	CM14-0104556		
Date Assigned:	07/30/2014	Date of Injury:	02/10/2010
Decision Date:	10/03/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	07/07/2014

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 Nevada. 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 records presented for review indicate that this 56 year old gentleman was reportedly injured on February 10, 2010. The mechanism of injury is noted as cumulative trauma. The most recent progress note, dated April 10, 2014, indicates that there are ongoing complaints of neck pain, shoulder pain, bilateral hand/wrist pain, low back pain, bilateral knee pain, anxiety, stress, and depression. The physical examination demonstrated the presence of an antalgic gait, tenderness over the lumbar spine paravertebral muscles with spasms, positive right sided straight leg raise test at 30 degrees, left sided test at 45 degrees; decreased sensation was noted at the lateral aspect of the calf bilaterally and the posterior calf and outer aspect of the foot on the right side. Diagnostic nerve conduction studies of the lower extremities were normal. An MRI of the lumbar spine revealed disc protrusions at L4 to L5 and L5 to S1. Previous treatment includes psychological treatment, use of a transcutaneous electrical nerve stimulation (TENS) unit, physical therapy, and aquatic therapy. A request was made for compounded Capsaicin/ Flurbiprofen/ Tramadol/ Menthol/ Camphor and Cyclobenzaprine/ Flurbiprofen was not certified in the preauthorization process on June 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 25 #240 gm:
Upheld

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

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, Lidocaine, and Capsaicin. There is no known efficacy of any other topical agents. Per the Medical Treatment Utilization Schedule (MTUS), when one component of a product is not necessary the entire product is not medically necessary. Considering this, the request for Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 25 #240 gm is not medically necessary and appropriate.

Cyclobenzaprine 2%, Flurbiprofen 20% #240 gm: Upheld

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

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, Lidocaine, and Capsaicin. There is no known efficacy of any other topical agents. Per the Medical Treatment Utilization Schedule (MTUS), when one component of a product is not necessary the entire product is not medically necessary. Considering this, the request for Cyclobenzaprine 2%, Flurbiprofen 20% 240 gm is not medically necessary and appropriate.