

Case Number:	CM14-0015017		
Date Assigned:	02/28/2014	Date of Injury:	07/09/2013
Decision Date:	10/30/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/06/2014

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, has a subspecialty in Pain 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 injured worker is a 26-year-old female with an original industrial injury on July 9, 2013. The injured worker's diagnoses include lumbar sprain/strain and lumbar mono spasm. The patient has had treatments with a TENS unit, infrared unit, myofascial release, and lumbar support. Conservative therapies to date have included pain medications (including cyclobenzaprine, naproxen, and acetaminophen) and physical therapy, which the patient was discharged from due to noncompliance as documented in a progress note on October 22, 2013. The disputed request is for 2 separate formulations of topical compounded creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUNDED TOPICAL CREAM: KETOPROFEN, CYCLOBENZAPRINE, AND LIDOCAINE QTY:120GM: 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 Section>, Page(s): page(s) 111-113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines on page 113 states that "there is no evidence for use of any other muscle relaxant as a topical product." The guidelines

further specific that if one drug or drug class of compounded formulation is not recommended, then the entire formulation is not recommended. Therefore, this request, which contains a topical muscle relaxant, is not medically necessary.

COMPOUNDED TOPICAL CREAM: FLURBIPROFEN, CASAICIN, AND MENTHOL QTY: 120GM: 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 Analgesic Section>, Page(s): page(s) 111-113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines have guidelines on topical capsaicin in two separate sections. On pages 28-29 the following statement regarding topical capsaicin is made: "Recommended only as an option in patients who have not responded or are intolerant to other treatments." In the case of this injured worker, there is documentation that she is taking cyclobenzaprine, naproxen, and applying ice packs. Is not apparent in any of the progress note that there is documentation of intolerance or efficacy of these medications. In fact progress notes indicate that the medications are helping with pain such as the progress report by the primary treating physician on date of service August 13, 2013. Given this, this request is not medically necessary.