

Case Number:	CM14-0110059		
Date Assigned:	08/01/2014	Date of Injury:	12/17/2004
Decision Date:	10/08/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/14/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 76-year-old male who reported an injury on 12/17/2014. The mechanism of injury was not submitted for clinical review. The diagnoses included cervical disc disease, cervical radiculopathy, cervical facet arthropathy, cervicogenic headaches, and status post right shoulder arthroscopy. Previous treatments included medication and surgery. Within the clinical note dated 05/29/2014, it was reported the injured worker complained of right sided neck pain. The injured worker reported the pain radiated to the right shoulder. He rated his pain 7/10 to 8/10 in severity. On physical examination, the provider noted the injured worker's range of motion of the cervical spine was flexion at 45 degrees and extension of 45 degrees. The injured worker had significant paracervical muscle spasms and tenderness mainly on the right side. The injured worker had positive facet loading in the cervical region. The provider requested a topical compounded cream. However, a rationale was not provided for clinical review. The request for authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Compounds to include Flurobiprofen, Camphor, Menthol, and Capsaicin, as prescribed on 05/13/2014: 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 NSAIDs Page(s): 72, 111-112.

Decision rationale: The request for Topical Compounds to include Flurobiprofen, Camphor, Menthol, and Capsaicin, as prescribed on 05/13/2014 is not medically necessary. The California MTUS Guidelines recommend topical NSAIDs for osteoarthritis and tendonitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term treatment of acute exacerbation. Flurbiprofen is recommended for osteoarthritis and mild to moderate pain. There was lack of documentation indicating the efficacy of the medication was evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The request submitted failed to provide the dosage of the medication. The request submitted failed to provide the quantity of the medication. Therefore, the request is not medically necessary.