

Case Number:	CM14-0113097		
Date Assigned:	08/01/2014	Date of Injury:	04/18/2007
Decision Date:	09/10/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/21/2014

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 Anesthesiology, Pain Medicine 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 44-year-old female who reported an injury on 04/18/2007, after lifting a heavy object. The injured worker reportedly sustained an injury to her low back. The injured worker's treatment history included fusion at the L5-S1 with removal of hardware and postsurgical pain managed with medications. The injured worker was evaluated on 06/23/2014. It was documented that the injured worker had improvements in pain after hardware removal. Objective findings included a well-healed incision with slight spasming and tenderness with minimum motion and slightly diminished mobility of the dorsi and plantar flexion of the left foot. The injured worker's treatment plan included progression to a walking program. A request was made for topical analgesic cream; however, no justification for the request was provided. A Request for Authorization form was not submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 10%, Capsaicin 0.025%-Medication Prepared in Cream/Patch #120, 1 or 6 refills: 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 Analgesics Page(s): 111.

Decision rationale: The requested Flurbiprofen/Capsaicin medications prepared in cream or patch #120 1 or 6 refills is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not support the use of Capsaicin in a topical formulation unless there is documentation that the injured worker has failed to respond to first line medications such as antidepressants and anticonvulsants. The clinical documentation submitted for review does not clearly address that the injured worker has failed to respond to first line medications and requires the need for topical Capsaicin. Additionally, California Medical Treatment Utilization Schedule does not support the use of nonsteroidal anti-inflammatory drugs for spine pain. The clinical documentation submitted for review does indicate that the injured worker's pain generator is spine pain. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment or applicable body part. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Flurbiprofen 10%, Capsaicin 0.025% medication prepared in cream/patch #120, 1 or 6 refills is not medically necessary or appropriate.