

Case Number:	CM14-0124250		
Date Assigned:	08/08/2014	Date of Injury:	02/21/2011
Decision Date:	10/03/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/06/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 62 year old female who was injured at work on 02/21/2011. The injured worker complains of pain in her 9/10 pain in her knees without medications, but 4/10 knee pain with medication. In addition, she complains of pain, numbness and tingling sensations in the neck; 7/10 pain in her hips that subsides to 1/ 10 with. She has low back pain that radiates to her lower limbs, left more than the right. The lower back pain is associated with numbness. The pain disturbs her sleep. The physical examination revealed tenderness and spasms of the paravertebral muscles of the lumbar region, limited lumbar range of motion; palpable tenderness, and limitation of the range of motion of both hips. There was limited range of motion of the knees, palpable tenderness in the medial and lateral joint lines of the knees. The rest of the examination was unremarkable. The injured worker has been diagnosed of Enthesopathy of the hip, sprain/strains of the thighs and hips, sprain of knee/leg, lumbosacral neuritis, and lumbar sprain. Treatments have included knee injections, Percocet, Vicodin, Xanax, At dispute is the request for, Flurbiprofen, Capsaicin, Camphor, Menthol, Ultraderm (No dose or quantity indicated).

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen, Capsaicin, Camphor, Menthol, Ultraderm (No dose or quantity indicated):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113, Postsurgical Treatment Guidelines.

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

Decision rationale: The injured worker sustained a work related injury on 02/21/2011. The medical records provided indicate the diagnosis of Enthesopathy of the hip, sprain/strains of the thighs and hips, sprain of knee/leg, lumbosacral neuritis, and lumbar sprain. Treatments have included knee injections, Percocet, Vicodin, and Xanax. The medical records provided for review do not indicate a medical necessity for Flurbiprofen, Capsaicin, Camphor, Menthol, and Ultraderm (No dose or quantity indicated). The topical analgesics are experimental drugs recommended as an option for the treatment of neuropathic pain that has not responded to antidepressants and anticonvulsants. The medical records reviewed failed to provide evidence showing failed treatment with either antidepressants or anticonvulsants. Additionally, the MTUS does not recommend the use of any compound product that contains one drug or drug class that is not recommended: Menthol, Camphor, Ultraderm and Flurbiprofen are individually not recommended Topical Analgesics. The requested treatment is not medically necessary and appropriate.