

Case Number:	CM14-0154041		
Date Assigned:	09/23/2014	Date of Injury:	11/13/2013
Decision Date:	12/03/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/22/2014

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 55-year old male who was injured at work on 11/13/2013. He is reported to be complaining of constant neck pain. The pain is dull, achy and sharp. It radiates to the bilateral upper extremities with numbness and tingling into his hands. Also, he complains of mid back pain, and constant sharp and stabbing low back pain that radiates to his lower extremities. The low back pain is associated with numbness and weakness in his leg. The physical examination revealed limited range of motion of the cervical spine, paraspinal muscle spasms and tenderness, positive cervical depression and Maximal Foraminal Compression test, positive shoulder Depression and Soto Hall tests; limited range of motion of the lumbar spine, lumbar paraspinal muscle spasms and tenderness, positive bilateral straight leg test, positive Kemp's test, positive Valsalva maneuverer, positive Milgram's test. The worker has been diagnosed of cervical disc displacement and degeneration, lumbar disc displacement, Lumbar spine herniated nucleus pulposus with radiculopathy, and lumbar sprain. Treatments have included physical therapy, Epidural steroid injection. At dispute are the requests for Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% 240gm, and Cyclobenzaprine 2%, Flurbiprofen 20% 240gm.

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 2% 240gm:
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: The injured worker sustained a work related injury on 11/13/2013. The medical records provided indicate the diagnosis of cervical disc displacement and degeneration, lumbar disc displacement, Lumbar spine herniated nucleus pulposus with radiculopathy, and lumbar sprain. Treatments have included physical therapy, Epidural steroid injection. The medical records provided for review do not indicate a medical necessity for Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% 240gm: The MTUS does not recommend the use of any compounded product that contains at least one drug (or drug class) that is not recommended. Menthol and Camphor are not recommended, the requested treatment is not medically necessary and appropriate.

Cyclobenzaprine 2%, Flurbiprofen 20% 240gm: 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: The injured worker sustained a work related injury on 11/13/2013. The medical records provided indicate the diagnosis of cervical disc displacement and degeneration, lumbar disc displacement, Lumbar spine herniated nucleus pulposus with radiculopathy, and lumbar sprain. Treatments have included physical therapy, Epidural steroid injection. The medical records provided for review do not indicate a medical necessity Cyclobenzaprine 2%, Flurbiprofen 20% 240gm. The MTUS does not recommend the use of any compounded product that contains at least one drug (or drug class) that is not recommended. Since Cyclobenzaprine and Flurbiprofen are not recommended, the requested treatment is not medically necessary and appropriate.