

Case Number:	CM14-0163349		
Date Assigned:	10/08/2014	Date of Injury:	04/15/2013
Decision Date:	10/31/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/03/2014

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 Emergency 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 28 year-old male, who sustained an injury April 15, 2013. The mechanism of injury occurred from picking up a heavy box. Diagnostics have included: September 24, 2013 lumbar MRI reported as showing L5-S1 retrolisthesis, multilevel disc protrusions and neuroforaminal stenosis. Treatments have included: medications, physical therapy, injections. The current diagnoses are: lumbosacral strain/sprain, lower extremity radiculitis. The stated purpose of the request for 1 Container of cyclobenzaprine 2%, flurbiprofen 25%, 180 grams was not noted. The request for 1 Container of cyclobenzaprine 2%, flurbiprofen 25%, 180 grams was denied on September 10, 2014, citing a lack of documentation of evidence-based guideline support. The stated purpose of the request for 1 Container of capsaicin 0.025%, flurbiprofen 15%, menthol 2%, camphor 2% 180 grams: was not noted. The request for 1 Container of capsaicin 0.025%, flurbiprofen 15%, menthol 2%, camphor 2% 180 grams: was denied on September 10, 2014, citing a lack of documentation of evidence-based guideline support. Per the report for the exam dated April 28, 2014, the treating physician noted complaints of low back pain with radiation to the right knee. Exam findings included normal lower extremity sensation and motor strength, positive right-sided straight leg raising test.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Container of , cyclobenzaprine 2%, flurbiprofen 25%, 180grams: 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 requested 1 Container of , cyclobenzaprine 2%, flurbiprofen 25%, 180grams:, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has low back pain with radiation to the right knee. The treating physician has documented normal lower extremity sensation and motor strength, positive right-sided straight leg raising test. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis. The criteria noted above not having been met, 1 Container of , cyclobenzaprine 2%, flurbiprofen 25%, 180grams: is not medically necessary.

1 Container of capsaicin 0.025%, flurbiprofen 15%, menthol 2%, camphor 2%,180 grams:
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 requested 1 Container of capsaicin 0.025%, flurbiprofen 15%, menthol 2%, camphor 2% 180 grams:, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has low back pain with radiation to the right knee. The treating physician has documented normal lower extremity sensation and motor strength, positive right-sided straight leg raising test. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis. The criteria noted above not having been met, 1 Container of capsaicin 0.025%, flurbiprofen 15%, menthol 2%, camphor 2% 180 grams: is not medically necessary.