

Case Number:	CM14-0163992		
Date Assigned:	10/08/2014	Date of Injury:	01/02/2012
Decision Date:	12/10/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/06/2014

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 Neurology, 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 (IW) is a 50 year-old male with a reported date of injury of 1/2/12. There is no report provided stating the mechanism of injury. The IW reports low back pain and has been diagnosed with a right lower extremity radiculopathy. Per the progress note from 4/8/14, the IW reports almost full range of motion of the lumbar spine. The straight leg raise test is reported as negative. The IW is reported to recently have had epidural steroid injection and has responded favorably to this treatment. The IW has also been managed by a secondary physician for pain management. A progress note dated 6/4/14 indicates the IW has been prescribed Norco 10/325, Temazepam, and topical hydrocortisone for treatment. In addition the IW has been prescribed several compounded topical analgesics including Terocin (containing Capsaicin, Methyl Salicylate, Menthol and Lidocaine), Flurbi-cream (Flurbiprofen, Lidocaine and Amitriptyline), and Gabacyclotram (Gabapentin, Cyclobenzaprine, and Tramadol). A previous request for the use of Capsaicin 0.0375%/Menthol 10%/Camphor 2.5%/Tramadol 20% 240 gm and Flurbiprofen 25%/Diclofenac 10% 240 gm was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Capsaicin 0.0375%/menthol 10%/camphor 2.5%/tramadol 20% 240 gm (no DOS indicated): 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 use of topical Capsaicin is recommended only for patients who have not responded to other therapies or are intolerant of other therapies. In this particular case, there is no evidence the IW has failed a previous therapy or is intolerant to other therapies to justify using Capsaicin at this time. The request for the use of Capsaicin 0.0375%/Menthol 10%/Camphor 2.5%/Tramadol 20% 240 gm is not medically necessary.

Flurbiprofen 25%/diclofenac 10% 240 gm #1: 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 chronic pain medical treatment guidelines do not recommend using topical non-steroidal anti-inflammatory agents for the treatment of neuropathic pain. The pain reported for the IW is reported as a radiculopathy and would be classified as neuropathic. The request for the use Flurbiprofen 25%/Diclofenac 10% 240 gm is not medically necessary.