

Case Number:	CM14-0167392		
Date Assigned:	10/14/2014	Date of Injury:	01/18/2010
Decision Date:	11/28/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/10/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 54-year-old woman sustained a work-related injury on January 18, 2010. Subsequently, she sustained a chronic neck, low back, and shoulder pain. Prior treatment has included medications, physical therapy, bracing, and epidural steroid injections (cervical and lumbar). The patient underwent: right middle finger surgery in March of 2010; right carpal tunnel release in September of 2011; left carpal tunnel release in February 2012; right shoulder arthroscopy with debridement and release of the coracoacromial ligament on August 2012; and left shoulder arthroscopy on May 2013. According to a follow-up report dated June 5, 2014, the patient has been complaining of worsening pain of her low back with radiculopathy to her lower extremities. She stated that she would like to hold off on injection treatment and continue with her medications (Norco, Soma, Prilosec, and topical cream capsaicin) instead. She stated that her medication regimen provides her adequate pain relief and keeps her functional. She rated her pain as a 4-5/10. Vertebral examination revealed mild-to-moderate tenderness over the C6-7 and C7-T1 cervical interspaces. There was moderate-to-severe tenderness over the L4-5 and L5-S1. Range of motion of the lumbar spine was limited between 40 to 50% with guarding. Manual muscle testing of the lower extremity revealed diminished muscle strength at 5-/5 in the bilateral hip flexion, 4+/5 in the bilateral knee extension, 5-/5 in the bilateral ankle dorsiflexion and plantar flexion. Straight leg raising test was positive in the bilateral lower extremity at 45 degrees angle in a sitting position. The patient's diagnosis include: C6-7 and C7-T1 cervical disc derangement with disc extrusion and central neuroforaminal stenosis, cervical radiculopathy with left greater than right, lumbar disc derangement at L4-5, and left lumbar radiculopathy. The provider requested authorization for Camphor Cystal #1 and Lipoderm Base Cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Camphor Cystal #1: 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: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is a limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no proven efficacy of topical application of Camphor. Furthermore, the patient seems to have acceptable response to oral pain medications and there is no documentation of failure or adverse reaction from their use. Based on the above, the use of Camphor is not medically necessary.

Lipoderm Base Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation that Lipoderm is effective for the treatment of back pain. There is no clear evidence that the patient failed or was intolerant to first line oral pain medications. Therefore, lipoderm base cream is not medically necessary.