

Case Number:	CM14-0172161		
Date Assigned:	10/23/2014	Date of Injury:	09/27/2013
Decision Date:	12/02/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/17/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of February 27, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; and unspecified amounts of physical therapy over the course of the claim. In a September 16, 2014 progress note, the claims administrator denied a request for several topical compounds. The applicant's attorney subsequently appealed. In an October 9, 2014 progress note, the applicant was kept off of work, on total temporary disability, owing to multifocal complaints of elbow, shoulder, neck, and low back pain. Several dietary supplements and topical compounds were endorsed. Platelet-rich plasma injections, physical therapy, and extracorporeal shockwave therapy were sought. In a September 11, 2014 progress note, the applicant was again placed off of work, on total temporary disability, while several dietary supplements, oral suspensions, and topical compounds were endorsed. A general surgery consultation was sought on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2% 210 gm:
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 Capsaicin Topic. Page(s): 28.

Decision rationale: As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, capsaicin, the primary ingredient in the compound at issue, is not recommended except as a last-line agent, in applicants who have not responded to or are intolerant of other treatments. In this case, there was no evidence of intolerance to and/or failure of multiple classes of first-line pharmaceuticals so as to justify selection and/or ongoing usage of the capsaicin-containing topical compound at issue. Therefore, the request was not medically necessary.

Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20% 210 gm: 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 Topic. Page(s): 111-113.

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.