

Case Number:	CM14-0174216		
Date Assigned:	10/24/2014	Date of Injury:	02/11/2012
Decision Date:	12/05/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/22/2014

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 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:

According to the records made available for review, this is a 66-year-old male with a 2/11/12 date of injury, and status post laminectomy surgery secondary to multiple myeloma 10/3/13. At the time (10/1/14) of request for authorization for topical: Flurbiprofen/Capsaicin/Camphor 10%/ 0.025%/ 1%, 120gm, there is documentation of subjective (low back pain rated 5/10) and objective (lumbar spine tenderness to palpation over the midline, positive straight leg raise at 40 degrees, and diminished sensation over the left-sided L4, L5, and S1 dermatomes; positive tenderness to light touch) findings, current diagnoses (lumbar spine disc protrusion and lumbar spine radiculopathy, phantom limb pain, rule out RSD (Reflex Sympathetic Dystrophy Syndrome), and treatment to date (activity modification, aquatic therapy, and medications (including ongoing use of omeprazole and gabapentin)). There is no documentation that trials of antidepressants and anticonvulsants have failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical: Flurbiprofen/Capsaicin/Camphor 10%/ 0.025%/ 1%, 120gm: 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: MTUS Chronic Pain Medical Treatment Guidelines identifies that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Within the medical information available for review, there is documentation of diagnoses of lumbar spine disc protrusion and lumbar spine radiculopathy, phantom limb pain, rule out RSD. In addition, there is documentation of neuropathic pain. However, given documentation of ongoing use of gabapentin, there is no documentation that trials of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for topical: Flurbiprofen/Capsaicin/Camphor 10%/ 0.025%/ 1%, 120gm is not medically necessary.