

Case Number:	CM14-0030982		
Date Assigned:	06/20/2014	Date of Injury:	10/03/2012
Decision Date:	07/21/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/11/2014

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 low back pain reportedly associated with an industrial injury of October 3, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; topical compounds; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated March 6, 2014, the claims administrator denied a request for a topical compounded capsaicin-containing drug. The applicant's attorney subsequently appealed. It appears that the compound in question was requested via a handwritten request for authorization dated December 23, 2013. No clinical information, narrative commentary, or rationale was attached. In a December 12, 2013 medical-legal evaluation, the applicant was given a 12% whole person impairment rating and permanent work restrictions. It was stated that the applicant had failed to return to work. The topical compound in question was again requested via a handwritten form dated January 20, 2014, with no narrative commentary or medical progress note attached.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND MEDICATION CAPS/ FLUR/ TRAM/ MENTH/ CAMP 240MG (0.025%/15%/15%/2%): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 28, Topical Capsaicin topic. Page(s): 28.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, capsaicin is considered a last-line agent, to be employed only in those applicants in whom there is some evidence of intolerance to and/or failure of other agents. In this case, however, there is no evidence of intolerance to and/or failure of other agents. The attending provider did not attach any narrative commentary, rationale, or progress note to the request for authorization for the compounded drug in question. There is no mention of why first-line oral pharmaceuticals could not be employed here. There is no mention of any intolerance to and/or failure of other first-line analgesics. Therefore, the request for compound medication Caps/Flur/Tram/Menth/Camp 240mg (0.025%/15%/15%/2%) is not medically necessary or appropriate.