

Case Number:	CM14-0033858		
Date Assigned:	06/20/2014	Date of Injury:	06/25/2012
Decision Date:	09/15/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/18/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 40 year old male was reportedly injured on 6/25/2012. The mechanism of injury was noted as cumulative/repetitive injury. The most recent progress note, dated 12/15/2013, indicated that there were ongoing complaints of neck, bilateral wrists pain, and low back pain. The physical examination demonstrated cervical spine positive tenderness to palpation of the paraspinal muscles, trapezius, scalene, and occipital muscles, full range of motion, bilateral wrists had positive tenderness to palpation over the carpal bones with full range of motion, sensory was intact, muscle strength decreased secondary to pain in the bilateral upper extremities, reflexes were 2+, lumbar spine had pain with walking on heels, positive tenderness to palpation to the lumbar paraspinal muscles and sciatic notch, PSIS, with spasms noted, positive tenderness to palpation at the processes L1 to L5, with full range of motion, sensory intact, and decreased muscle strength to bilateral lower extremities secondary to pain, and reflexes were 2+ equal bilaterally. No recent diagnostic studies are available for review. Previous treatment included medications and conservative treatment. A request was made for Flurbiprofen/ Lidocaine 25/10 percent and Capsaicin/ Flurbiprofen/ Tramadol/ Menthol/ Camphor 25/10/0.025/15/15/2/2 percent was not certified in the preauthorization process on 3/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

240g Flurbiprofen 25%, Lidocaine 10%: 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(s): 111-113 of 127.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) guidelines state that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety, and that any compound product, that contains at least one drug (or drug class,) that is not recommended, is not recommended. As such, this request is not considered medically necessary.

240g Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 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(s): 111-113 of 127.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) guidelines state that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety, and that any compound product, that contains at least one drug (or drug class), that is not recommended, is not recommended. As such, this request is not considered medically necessary.