MAXIMUS Federal Services

Case Number:	CM14-0037871		
Date Assigned:	06/25/2014	Date of Injury:	08/05/2013
Decision Date:	07/29/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	03/31/2014

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 Orthopedic Surgery 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 injured worker is a 34-year-old gentleman who was injured on August 5, 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 30, 2014, indicates that there are ongoing complaints of low back pain, bilateral knee pain, right ankle pain, and foot pain. The physical examination demonstrated tenderness along the lumbar spine, paraspinal muscles, and the bilateral sacroiliac joints. There was a normal lower extremity neurological examination. Examination of the knees noted right knee tenderness at the medial and lateral aspects and left knee tenderness at the peripatellar region. There was a positive McMurray's test bilaterally and decreased range of motion secondary to pain. Examination of the right ankle noted tenderness at the medial aspect and the dorsum of the right foot. There was a normal urine toxicology analysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase: 240 GM Capsaicin 0.25%, flurbiprofen 15%, tramadol 15%, Menthol 2%, Camphor 2%, 240 GM Flurbiprofen 25%, Lidocaine 10% (of unspecified quantity): Upheld

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

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

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines only topical analgesicsm, including anti-inflammatories, lidocaine, and capsaicin, are recommended for usage. Other compounded ingredients other than these have not been shown to have any efficacy according to peer-reviewed evidence-based medicine. As this request for topical compounded analgesic includes other ingredients such as tramadol, menthol, and camphor, then this request is not medically necessary.