

Case Number:	CM14-0039516		
Date Assigned:	06/27/2014	Date of Injury:	06/15/2012
Decision Date:	08/18/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/03/2014

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 36-year-old male was reportedly injured on June 15, 2012. The mechanism of injury is noted as lifting a wall. The most recent progress note, dated January 31, 2014. Indicates that there are ongoing complaints of low back pain. The physical examination demonstrated decreased lumbar spine range of motion and a positive right-sided straight leg raise test. Diagnostic imaging studies reported diffuse spondylitic changes and disc desiccation throughout the lumbar spine. Previous treatment includes a moist heating pad and the use of a Transcutaneous Electrical Nerve Stimulation (TENS) unit. A request was made for Capsaicin/Menthol/Camphor/Tramadol, Flurbiprofen/Diclofenac and was not certified in the pre-authorization process on March 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

retrospective (2/03/14) Capsaicin/Menthol/Camphor/Tramadol, Fluriprofen/Diclofenac (duration and frequency unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical agents and NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113 OF 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the only recommended topical analgesic agents are those including anti-inflammatories, Lidocaine, or Capsaicin. There is no peer-reviewed evidence-based documentation to indicate that any other compounded ingredients have any efficacy. For this reason, the request is not medically necessary.