

Case Number:	CM14-0041888		
Date Assigned:	06/30/2014	Date of Injury:	07/11/2012
Decision Date:	08/19/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/13/2014

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 47 year-old male was reportedly injured on 7/11/2012. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated 3/21/2014, indicates there are ongoing complaints of mid and low back pain. The physical examination demonstrated positive 3+ tenderness to palpation of the thoracic paravertebral muscles with spasms, positive 3+ tenderness to palpation of the L3-L5 spinous processes, and lumbar paravertebral muscles. The patient also had muscle spasm of the lumbar paravertebral muscles. No recent diagnostic studies are available for review. Previous treatment includes previous surgery, medications, and conservative treatment. A request was made for Capsaicin/Flurbiprofen/Methyl/Salicylate compounded cream, 30gm and was not certified in the pre-authorization process on 02/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Capsacin/Flurbiprofen/Methyl Salicylate compounded cream, 30gm:
Upheld

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

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

Decision rationale: The California MTUS Guidelines state that topical analgesics are largely experimental and that any compound product that contains at least one drug (or drug class) that is not recommended, is not recommended. The guidelines note there is little evidence to support the use of topical NSAIDs for treatment of the above noted diagnosis. Furthermore, there is no objectification of any satisfactory progress with the medication being deployed. The pain complaints continued to be significant and as such, there is no medical necessity established for this preparation.

1 prescription for Amitriptyline/Dextromethorphan/Tramadol compounded cream, 30gm:
Upheld

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

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

Decision rationale: The MTUS Guidelines state that topical analgesics are largely experimental and that any compound product that contains at least one drug (or drug class) that is not recommended, is not recommended. Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. After reviewing the medical documentation provided I was unable to determine failure of first-line drug regimen to include antidepressants/anticonvulsants. As such, this request is not considered medically necessary.