

Case Number:	CM14-0042361		
Date Assigned:	06/30/2014	Date of Injury:	08/22/2003
Decision Date:	08/19/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/09/2014

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 injured worker is a 65-year-old male who was injured on August 22, 2003. The mechanism of injury was bending over to inspect a night stand. The most recent progress note dated January 16, 2014 indicated that there were ongoing complaints of low back pain. The physical examination demonstrated a well healed surgical incision, muscle spasms, and decreased range of motion with pain. There was a positive straight leg raise test on the right side at 50 and pain in the right S1 nerve distribution. Diagnostic imaging studies of the lumbar spine noted postoperative changes from L4 to S1 as well as disc desiccation above and below those levels with severe loss of disc height at L5-S1. Continued treatment with the use of a transcutaneous electrical nerve stimulation unit, a treadmill, and Norco, Neurontin, Colace, Prilosec and lidocaine patches was recommended. Trigger point injections to the lumbar spine as well as ketoprofen and capsaicin cream were also recommended. Previous treatment included lumbar spine fusion surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen/Capsaicin Cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, topical anti-inflammatories are only indicated for those individuals who are unable to tolerate oral nonsteroidal medications and then only indicated for osteoarthritis and tendonitis of the knee and elbow. There was little evidence to utilize a topical non-steroidal anti-inflammatory drug for the treatment of osteoarthritis of the spine, hip, or shoulder. As the injured employee's complaints are of lumbar spine pain, and there was no documentation that he cannot tolerate oral anti-inflammatory medications, this request for ketoprofen/capsaicin cream is not medically necessary.