

Case Number:	CM14-0045153		
Date Assigned:	07/02/2014	Date of Injury:	08/06/2008
Decision Date:	08/25/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/11/2014

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 52 year old male was reportedly injured on August 6, 2008. The mechanism of injury was noted as getting an electrical cable with a ladder and fell to the ground. The most recent progress note, dated February 17, 2014, indicated that there were ongoing complaints of pain in the cervical, thoracic, and lumbar spine. The physical examination demonstrated no bruising, swelling, atrophy, or lesions of the cervical, thoracic, or lumbar spine. Diagnostic imaging studies were not reviewed during this visit. A request was made for Flurbiprofen/ Lidocaine/ Dexamethasone and Capsaicin/ Diclofenac /Tramadol/ Ketoprofen/ Camphor or menthol and was not certified in the preauthorization process on March 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request (DOS: 2/17/14) for Flurbiprofen 20%, Lidocaine 10%, Dexamethasone 4%, 240 Gram: Upheld

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

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines (MTUS), the only recommended topical analgesic agents are those including antiinflammatories, Lidocaine, or Capsaicin. There was no peer reviewed evidence based medicine to indicate that any other compounded ingredients have any efficacy. For this reason this request for Flurbiprofen 20 percent/ Lidocaine 10percent/ Dexamethasone 4 percent 240 gram is not medically necessary.

Retrospective request (DOS: 2/17/14) for Capsaicin 0.0375%, Diclofenac 20%, Tramadol 10%, Ketoprofen 10%, Camphor 2%, Menthol 2%- 240 Gram: Upheld

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

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines (MTUS), the only recommended topical analgesic agents are those including anti-inflammatory, lidocaine, or capsaicin. There was no peer reviewed evidence based medicine to indicate that any other compounded ingredients have any efficacy. For this reason this request for Capsaicin 0.0375 percent/ Diclofenac 20 percent/ Tramadol 10 percent/ Ketoprofen 10 percent/ Camphor 2 percent/ Menthol 2 percent 240 gram is not medically necessary.