

Case Number:	CM14-0047104		
Date Assigned:	07/02/2014	Date of Injury:	02/27/2013
Decision Date:	08/25/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/15/2014

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 Alabama. 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:

This is a 54-year-old male who sustained injury on 02/27/2013 while he was tightly pulling a strap to secure wooden pallets on a container when he felt pain in his neck and arm. The treatment history includes physical therapy, medications, acupuncture, and injection. A progress report dated 03/17/2014 indicates that the patient's complaints of pain are essentially unchanged. His pain is somewhat controlled with medications. He denies any side effects at this time. On cervical spine exam, there was tenderness to palpation with spasms of the upper trapezius muscles. The range of motion of the cervical spine was limited secondary to pain. The patient had negative compression, Spurling, and distraction. The reflexes were equal and symmetrical, the sensation was intact, and the lumbar spine exam showed limited range of motion secondary to pain. A shoulder exam showed limited range of motion secondary to pain. The UR dated 04/09/2014 indicates the request for 240gm Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% & 240gm Flurbiprofen 25%, Cyclobenzaprine 2% was non-certified because they contain components which are not recommended by the MTUS and there is no valid scientific evidence to support these substances.

IMR ISSUES, DECISIONS AND RATIONALES

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

240gm Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% (quantity unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-113.

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

Decision rationale: The California MTUS recommends the use of topical medications for the treatment of myofascial and neuropathic pain. The medical records document that the patient does not have any clear evidence of neuropathic pain or radiculopathy. Further, the documents do not show that the patient has failed other first and second line treatments prior to the suggested use of a topical compounding agent. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

240gm Flurbiprofen 25%, Cyclobenzaprine 2% (quantity unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-113, 111-112.

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

Decision rationale: The California MTUS recommends the use of topical medications for the treatment of myofascial and neuropathic pain. The medical records document that the patient does not have any clear evidence of neuropathic pain or radiculopathy. Further, the documents do not show that the patient has failed other first and second line treatments prior to the suggested use of a topical compounding agent. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.