

Case Number:	CM14-0050326		
Date Assigned:	06/25/2014	Date of Injury:	04/08/2010
Decision Date:	07/25/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/24/2014

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 & Rehabilitation and is licensed to practice in California. 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 49-year-old female who injured her lower back on 4/8/10 while scrubbing the floor. The prior treatment consisted of medications, compound cream, acupuncture and physical therapy which helped. The nerve conduction study (NCV) study dated 10/23/13 showed abnormal NCV/SSEP of the upper extremities in a pattern consistent with right carpal tunnel syndrome (CTS). An electromyography (EMG) showed abnormal study consistent with a right C7 radiculopathy. A urine toxicology screening dated 11/19/13 was positive for Tramadol and/or metabolite O-Desmethyl-cis-tramadol, zolpidem metabolite and Carboxy-zolpidem. MRI of the lumbar spine dated 12/19/13 showed spondylotic changes. At L2-L3 and L3-L4, 1-2 mm posterior disc bulge. At L4-L5, 1-2 mm posterior disc bulge resulting in mild left neural foraminal narrowing. Left exiting nerve root compression. At L5-S1, 3-4 mm posterior disc bulge resulting in moderate-to-severe left and moderate right neural foraminal narrowing in conjunction with facet joint hypertrophy. There was bilateral exiting nerve foot compromise was noted. A urine drug screening dated 1/3/14 was positive for tramadol and/or metabolite O-Desmethyl-cis-tramadol, zolpidem metabolite and Carboxy-zolpidem. On 2/6/14, the patient reported that her lumbar spine symptoms were a little better. The injured worker also reported the patches, acupuncture and therapy was helping. The injured worker requested a lumbar spine brace due to prolonged sitting and standing. Examination showed tenderness to palpation of the lumbar spine. The patient was reported to have enough creams. The diagnoses were lumbago, lumbar spine herniated disc, facet joint hypertrophy of the lumbar spine and nerve root compression. A prescription was given for capsaicin 0.0375%, menthol 10%, camphor 10%, tramadol 20% and flurbiprofen 2.5% and diclofenac 10%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 2.5 percent Diclofenac 10 percent Capsaicin 0.0375 percent Menthol 10 percent Camphor 10 percent Tramadol 20 percent: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 111-112-113. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 9792.24.2 Page(s): 105 and 111-113..

Decision rationale: According to the CA MTUS Guidelines, topical analgesics are an option with specific indications, many agents are compounded as monotherapy or in combination for pain control. However, there is little to no research to support the use of many of these agents. Furthermore, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is appropriate for patients that are intolerant to first-line therapies, which is not the case for this patient. Per the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request is not medically necessary and appropriate.