

Case Number:	CM14-0052099		
Date Assigned:	07/07/2014	Date of Injury:	04/27/2010
Decision Date:	08/29/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/21/2014

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 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 41-year-old female with a reported date of injury on 04/27/2010. The mechanism of injury was reportedly caused by unloading pallets. The injured worker's diagnoses included sprain/strain of the lumbosacral. Previous conservative care included acupuncture, aqua therapy, physical therapy, and participation in a functional restoration program. Diagnostic studies included an magnetic resonance imaging (MRI) and discogram of the lumbar spine, which revealed abnormalities. Surgical history includes instrumented L4-5 fusion with resolution of left lumbar radiculitis. The injured worker's medication regimen included Norco, a muscle relaxant, and Gabapentin. The rationale for the request was not provided within the documentation available for review. The Request for Authorization for Bengay Ultra and Trixaicin 0.25% cream, 240, was submitted on 04/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ben Gay Ultra.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Topical Analgesics Page(s): 105, 111.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend salicylate topicals. Bengay is significantly better than placebo in chronic pain. In addition, the California MTUS Guidelines recommend topical analgesics as an option. Although largely experimental in use with few randomized control trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The clinical information provided for review does not indicate the time period at which the injured worker has utilized Bengay or if this is a new addition to the medication regimen. There is a lack of documentation related to a trial and subsequent failures of antidepressants and anticonvulsants. The clinical information provided for review lacks documentation related to the injured worker's functional deficits to include range of motion values in degrees and the utilization of a visual analog scale pain scale. In addition, the request as submitted failed to provide for a frequency and specific site at which the Bengay was to be utilized. Therefore, the request for Bengay Ultra is not medically necessary and appropriate.

Trixaicin 0.25% cream 240.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Capsaicin Page(s): 112.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend Capsaicin only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available at a 0.025% formulation (as a treatment for osteoarthritis), and a 0.075% formulation. There is no current indication that the increase over a 0.025% formulation will provide any further effectiveness. There are positive randomized studies with Capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic nonspecific back pain, but it should be considered experimental in very high doses. The clinical information provided for review does not indicate how long the injured worker has utilized Trixaicin or if this is a new addition to the medication regimen. The guidelines do not recommend a formulation over 0.025%. The request is for a 0.25% Capsaicin cream. Therefore, the request exceeds recommended guidelines. In addition, the request as submitted failed to provide for a frequency and specific site at which the Trixaicin was to be utilized. As such, the request for Trixaicin 0.25% cream 240 is not medically necessary and appropriate.