

Case Number:	CM14-0052524		
Date Assigned:	07/09/2014	Date of Injury:	11/19/2012
Decision Date:	08/27/2014	UR Denial Date:	03/31/2014
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 Family Medicine, and is licensed to practice in Arizona. 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 patient is a 68-year-old male with a date of injury on 11/19/2002. The diagnoses include myalgia, sprain of knee, meniscus tear, lumbago, lumbosacral neuritis, and chondromalacia. Subjective complaints are of low back pain with numbness/tingling into both legs, right knee pain and swelling, and anxiety and depression. Physical exam shows patient ambulates with crutches, tenderness over lumbar spine with muscle guarding and decreased range of motion. There was a positive bilateral straight leg raise test. Right knee showed joint line tenderness, decreased range of motion, and positive McMurray, Lachman, Apley, and patellar grind tests. Treatment plan was for medications, topical patches, acupuncture, psychological evaluation, TENS, knee brace, and shockwave treatments. Medications include Norco, and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

240gr Flurbiprofen 25% Lidocaine 10% 240gr Capsaicin 0.025% Flurbiprofen 15% Tramadol 15% Menthol 2% Camphor: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Topical Analgesics.

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

Decision rationale: The California Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. Topical lidocaine in the form of Lidoderm may be recommended for localized peripheral pain. No other commercially approved topical formulations of lidocaine are indicated. While capsaicin has some positive results in treating osteoarthritis, fibromyalgia and non-specific back pain, it has shown moderate to poor efficacy. Guidelines do not recommend topical tramadol, as no peer-reviewed literature supports its use. The menthol component of this medication has no specific guidelines or recommendations for its indication or effectiveness. Due to this topical medication, not being in compliance to current use guidelines the requested prescription is not medically necessary.