

Case Number:	CM14-0056421		
Date Assigned:	07/09/2014	Date of Injury:	08/25/2008
Decision Date:	08/29/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/25/2014

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 Texas and Ohio. 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 61-year-old male who reported an injury on 01/17/2004. The mechanism of injury was not provided for clinical review. The diagnoses included myoligamentous strain of the lumbar spine with mild central canal stenosis, status post lumbar surgery, sprain/strain of the ankles. The report on 12/10/2013 noted the injured worker complained of dull to sharp pain in the lumbar spine, which occurred constantly. The injured worker claimed the pain radiated bilateral in the legs with weakness. A physical examination of the thoracolumbar spine noted the injured workers range of motion of flexion was 75 degrees and extension 20 degrees. The provider indicated the injured worker had bilateral tenderness of the sacroiliac joint, bilateral erector spinae mass musculature, and midline lumbar spine, L5-S1. Previous treatment included medications and surgery. The request for cyclobenzaprin, Flurbiprofen, Capsaicin, Tramadol, Menthol and camphor compound topical was denied. However, a rationale was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request for 1 Cyclobenzaprine 2% And Flurbiprofen 25% 240gm between 1/20/2014 and 1/20/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NAIDs, page(s) 72, 111 Page(s): page(s) 72, 111.

Decision rationale: The request for retrospective request for 1 cyclobenzaprine 2% and flurbiprofen 25% 240 g between 01/20/2014 and 01/20/2014 is not medically necessary. The injured worker complained of pain in the lumbar spine, occurring constantly, radiating to the bilateral legs with weakness. The California MTUS Guidelines noted, "Topical NSAIDs are recommended for the use of osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4-12 weeks." There is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. Cyclobenzaprine is recommended as an option using a short course of therapy. Flurbiprofen is recommended for osteoarthritis and mild to moderate pain. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication since at least 12/2013, which exceeds the guideline recommendations of short term use. The request submitted failed to provide a treatment site, and failed to provide a frequency. Therefore, the request is considered not medically necessary.

Retrospective Request for 1 Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2% And Camphor 240gm between 1/20/2014 and 1/20/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NAIDs, page(s) 72, 111, 113 Page(s): age(s) 72, 111, 113.

Decision rationale: The retrospective request for 1 Capsaicin 0.025%, flurbiprofen 15%, tramadol 15%, menthol 2%, and camphor 240 g between 01/20/2014 and 01/20/2014 is considered not medically necessary. The California MTUS Guidelines note, "Topical NSAIDs are recommended for the use of osteoarthritis and tendinitis, in particular, that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for the short term use of 4-12 weeks. There is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. Capsaicin is only recommended as an option in patients who have not responded or are intolerant of other treatments. There is no current indication that an increase over 0.025% formulation will provide any further efficacy. Flurbiprofen is indicated for osteoarthritis and mild to moderate pain. Tramadol is a central acting synthetic opioid analgesic, and is not recommended as a first line oral analgesic." There was a lack of documentation indicating the efficacy of the medication to prove significant functional improvement. There was also a lack of significant objective findings warranting the medical necessity for the request. The request submitted failed to provide the frequency of the medication. In addition, the injured worker has been utilizing the medication since at least 12/2013, which exceeds the guideline recommendations of short term use of 4-12 weeks. Therefore, the request is considered not medically necessary.

