

Case Number:	CM14-0061369		
Date Assigned:	07/09/2014	Date of Injury:	07/09/2013
Decision Date:	08/26/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/02/2014

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 Occupational Medicine and is licensed to practice in Californian. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic mid back pain, bilateral leg pain, testicular pain, hernia, and low back pain reportedly associated with an industrial injury of July 9, 2013. Portions of the applicant's claim, it is incidentally noted, have been administratively contested by the claims administrator. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; and unspecified amounts of chiropractic manipulative therapy. In a Utilization Review Report dated April 22, 2014, the claims administrator denied a request for several topical compounded medications. It was suggested that the applicant remained off of work. In an October 17, 2013 progress note, the applicant was described as remaining off of work, on total temporary disability, as of that point in time. In a February 20, 2014 progress note, the applicant was described as again remaining off of work, on total temporary disability. The applicant presented with primary complaint of chronic low back pain on this occasion. The applicant's medication list was not incorporated into the progress note, it is incidentally noted. In a handwritten note of March 20, 2014, it was stated that the applicant had been terminated by her former employer. On January 20, 2014, the attending provider sought authorization for physical therapy while again placing the applicant off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 10%, Capsaicin 0.025% in KN Oil Liq QTY 120 2 Refills (apply 2-3 x/day to affected area): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 28, Topical Capsaicin topic.2. MTUS page 111, Topical Analgesics topic. Page(s): 28, 111.

Decision rationale: As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, topical capsaicin, one of the primary ingredients in the compound, is considered a last line agent, to be employed only when an applicant has failed to respond to and/or is intolerant of other treatments. In this case, however, there is no evidence of failure of and/or intolerance to multiple classes of first line oral pharmaceuticals. Since the capsaicin ingredient in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Lidocaine/Hyaluronic (patch) 6% 0.2% CRM QTY 120 Refills 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines 2. MTUS page 111, Topical Analgesics topic Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are the first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first line oral pharmaceuticals so as to justify usage of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical agents such as the compound in question here. The attending provider has failed to incorporate any discussion of medication selection in any of the progress notes referenced above. No rationale for selection and/or ongoing usage of the lidocaine-hyaluronic acid patch in question was proffered. Therefore, the request is not medically necessary.