

Case Number:	CM14-0062830		
Date Assigned:	09/03/2014	Date of Injury:	07/07/2013
Decision Date:	10/30/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	05/05/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 54-year-old male who reported an injury on 07/07/2013. The mechanism of injury was noted as a fall. The diagnoses included status post fall, closed head trauma, lumbar sprain/strain. The previous treatments include medication and acupuncture. Within the clinical note dated 04/30/2013, it was reported the injured worker returned to the office and reported having acupuncture treatments, which he found helpful, but still remained symptomatic. Upon physical examination of the cervical spine, the provider noted tenderness to palpation with spasms of the bilateral paraspinals and upper trapezius. The lumbar spine was noted to have tenderness to palpation of the bilateral paraspinals, quadratus lumborum, gluteal muscles and sacroiliac and coccyx. The range of motion was noted to be flexion at 50 degrees and extension at 15 degrees. The provider recommended the injured worker to continue with home exercise program. The request submitted is for topical capsaicin, cyclobenzaprine, Flurbiprofen. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% 240gms: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 72, 111-112..

Decision rationale: The request for topical capsaicin, Flurbiprofen, tramadol, menthol, camphor 240 gm is not medically necessary. The California MTUS Guidelines recommend topical NSAIDs for 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 to 12 weeks. Flurbiprofen is recommended to be used for osteoarthritis and tendinitis and mild to moderate pain. Capsaicin is only recommended in patients who have not responded or are intolerant to other treatments. There is lack of documentation indicating the efficacy of the medication as evidence by significant functional improvement. The request submitted failed to provide the frequency of the medication, and treatment site. Additionally, there is lack of documentation indicating the injured worker had tried and failed or was not responding to other treatments. Therefore, the request is not medically necessary.

Cyclobenzaprine 2%, Flurbiprofen 20%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42, 71, 111-112..

Decision rationale: The request for cyclobenzaprine 2%, Flurbiprofen 20% is not medically necessary. The California MTUS Guidelines recommend topical NSAIDs for 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 to 12 weeks. Cyclobenzaprine is recommended as an option using a short course of therapy. Flurbiprofen is recommended for osteoarthritis and tendinitis and mild to moderate pain. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide a treatment site. The request submitted failed to provide the frequency. Therefore, the request is not medically necessary.