

Case Number:	CM14-0062833		
Date Assigned:	07/11/2014	Date of Injury:	05/04/2012
Decision Date:	09/09/2014	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 Occupational Medicine 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 patient is a 46-year-old male, who has submitted a claim for lumbar spine sprain/strain, r/o lumbar spine herniated nucleus pulposus, and lower extremity radiculitis; associated with an industrial injury date of May 4, 2012. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of burning, radicular low back pain with associated muscle spasms. There was also pain on the right groin are rated 5/10 on pain scale. Physical examination showed that the patient can perform heel-to-toe walk. Examination of the lumbar spine showed, paralumbar tenderness at the level of L2-L5. Range of motion (ROM) was decreased. Straight leg raise (SLR) was positive at 45 degrees. Diminished sensation was noted from L4-S1. Treatment to date has included shockwave therapy, acupuncture, physical therapy and Terocin patches. Utilization review from April 7, 2014 denied the request for 240gr Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% And 240gr Diclofenac 25%, Tramadol 15% because there was no narrative report sent to support its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

240gr Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% and 240gr Diclofenac 25%, Tramadol 15%: 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 Topical Analgesics Page(s): 112-113.

Decision rationale: As stated on pages 112-113 of California MTUS Chronic Pain Medical Treatment Guidelines, it states that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, muscle relaxants, Gabapentin and other anti-epilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the patient was prescribed with the medication since December 2013. However, records reviewed showed that there was no functional improvement noted on the patient. With regards to Capsaicin, California MTUS guidelines state that, topical Capsaicin is recommended as an option in patients who have not responded or are intolerant to other treatments. However, there was no evidence of failure or intolerance to other treatments. With regards to Flurbiprofen, California MTUS guidelines do not support its use. With regards to Tramadol, California MTUS do not support its use a topical medication. With regards to Menthol, there was no evidence to support its use for pain relief. The California MTUS and Official Disability Guidelines do not support camphor. With regards to Diclofenac, Diclofenac in 1% formulation is used for the relief of osteoarthritis pain in joint. However, in this case, the patient's complain is not osteoarthritis in nature. Therefore, the request for 240gr Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% and 240gr Diclofenac 25%, Tramadol 15% is not medically necessary.