

Case Number:	CM14-0062912		
Date Assigned:	07/11/2014	Date of Injury:	10/13/2007
Decision Date:	09/16/2014	UR Denial Date:	04/28/2014
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 and is licensed to practice in Nevada. 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 45-year-old female who was reportedly injured on 10/13/2007. The mechanism of injury was not listed. The most recent progress note dated 4/8/2014, indicated that there were ongoing complaints of neck pain, low back pain, and scapular winging. The physical examination was handwritten and revealed lumbar spine flexion 50 and a positive straight leg raise bilaterally. Cervical spine C6 deficit persists with scapular winging. No recent diagnostic studies are available for review. Previous treatment included cervical spine surgery times 2, medications and conservative treatment. A request was made for flurbiprofen/lido/menthol/camp cream and tramadol/dextro/cap cream and was not certified in the pre-authorization process on 4/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Lido/Menthol/Camp cream (Express Scripts) between 4/8/2014 and 7/24/2014.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics (Flurbiprofen); Menthol; Camphor; Topical Analgesics, Compounded. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Lidocaine, topical; Lidoderm (Lidocaine patch).

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

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety, and that "any compound product, that contains at least one drug (or

drug class), that is not recommended, is not recommended". As such, this request is not medically necessary.

Tramadol/Dextro/Cap cream (Express Scripts) between 4/8/2014 and 7/24/2014.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Topical Analgesics, Compounded.

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

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety, and that "any compound product, that contains at least one drug (or drug class), that is not recommended, is not recommended". As such, this request is not medically necessary.