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| Case Number: | CM14-0063298 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 09/06/2011 |
| Decision Date: | 09/18/2014 | UR Denial Date: | 04/01/2014 |
| 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 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 54-year-old male who reported an injury on 09/06/2011. The mechanism of injury was not available within the documentation submitted for review. His diagnosis was noted to be lumbosacral disc injury with radiculopathy. Prior treatments were noted to be medications, epidural steroid injections, Tai Chi and yoga. The injured worker had a clinical examination on 06/17/2014. The subjective complaint was low back pain and bilateral leg pain with burning sensation that shoots down. The objective findings included positive straight leg raising tests of the legs. There was light touch sensation in the legs. Motor strength was 5/5 in the lower extremities. Deep tendon reflexes were 2+. The treatment plan was for medications and exercises with heat or cold to control pain on an as needed basis. A rationale was not provided within the documentation. A Request for Authorization form was also not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen Powder: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. These are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The clinical documentation does not indicate a failed trial of antidepressants or anticonvulsants. Ketoprofen is not approved by the FDA for topical use. The provider's request fails to indicate a dosage, frequency and quantity. Therefore, the request for Ketoprofen powder is not medically necessary.

Cyclobenzaprine Powder: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. These are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The clinical documentation does not indicate a failed trial of antidepressants or anticonvulsants. The provider's request fails to indicate a dosage, frequency and quantity. As such, the request for Cyclobenzaprine powder is not medically necessary.

Capsaicin Powder: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. These are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The clinical documentation does not indicate a failed trial of antidepressants or anticonvulsants. The provider's request fails to indicate a dosage, frequency and quantity. Therefore, the request for Capsaicin powder is not medically necessary.

Menthol Crystals: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. These are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The clinical documentation does not indicate a failed trial of antidepressants or anticonvulsants. The provider's request fails to indicate a dosage, frequency and quantity. As such, the request for Menthol Crystals is not medically necessary.

Camphor Crystals: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. These are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The clinical documentation does not indicate a failed trial of antidepressants or anticonvulsants. The provider's request fails to indicate a dosage, frequency and quantity. Therefore, the request for Camphor Crystals is not medically necessary.

PCCA Lipoderm: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. These are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The clinical documentation does not indicate a failed trial of antidepressants or anticonvulsants. The provider's request fails to indicate a dosage, frequency and quantity. As such, the request for PCCA Lipoderm is not medically necessary.