

Case Number:	CM14-0065199		
Date Assigned:	07/11/2014	Date of Injury:	10/08/2013
Decision Date:	09/16/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/08/2014

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 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 records, presented for review, indicate that this 77-year-old individual was reportedly injured on 10/8/2013. The mechanism of injury was noted as a trip and fall. The most recent progress note, dated 6/12/2014, indicated that there were ongoing complaints of left foot pain and low back pain. The physical examination findings state left foot on/off for pain, with an occasional limp. Lumbar spine was with no recent diagnostic studies available for review. Previous treatment included physical therapy, medications, walking group, and conservative treatment. A request had been made for capsaicin 0.0375%, menthol 10%, camphor 2.5%, tramadol 20%, flurbiprofen 25%, diclofenac 10% and was not certified in the pre-authorization process on 4/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medications capsaicin .0375% menthol 10% camphor 2.5% tramadol 20%:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 111-113.

Decision rationale: MTUS guidelines state that topical analgesics are "largely experimental," and that "any compound product, that contains at least one drug (or drug class), that is not recommended, is not recommended". Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As such, this request is not considered medically necessary.

Compound medications flurbiprofen 25% diclofenac 10%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 111-113.

Decision rationale: MTUS guidelines state 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 considered medically necessary.