MAXIMUS Federal Services

Case Number:	CM14-0070789		
Date Assigned:	07/14/2014	Date of Injury:	10/17/2013
Decision Date:	08/14/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/16/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 52 year old female who was injured on 10/17/2013. The diagnoses are cervical strain, neck pain, upper back pain and joints pain located at the wrists, knees and shoulders. The patient completed 12 physical therapy sessions. On 1/8/2014, [redacted] noted subjective complaints of right knee pain rated at 7/10 on a scale of 0 to 10. The recommendations were Acupuncture, functional capacity evaluation and referrals to other specialists. On 2/8/2014, [redacted] recommended Anaprox and Tramadol for pain, Protonix for the prevention of gastritis, Fexmid for muscle spasm and topical preparations for pain. A utilizations review determination was rendered on 4/22/2014 recommending non certification for Flurbiprofen/Capsaicin/Menthol/Camphor 120mg and Ketoprofen/Cyclobenzaprine/Lidocaine 120mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen / Capsalcin / menthol / Camphor 120mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The California MTUS addressed the use of topical analgesics preparations for the treatment of neuropathic and osteoarthritis pain. Topical analgesic preparations can be utilized when trials of oral NSAIDs, anticonvulsant and antidepressant medications are ineffective, cannot be tolerated or have failed. The guidelines also recommend that topical products should be tried and evaluated individually for efficacy. The records did not show that orally administered first-line medications have failed. There is no evidence based guideline indication for the use of menthol and camphor in the treatment of chronic pain. The criterion for the use of Flurbiprofen/Capsaicin/Menthol/Camphor 120mg was not met. Therefore the request is not medically necessary.

Ketoprofen / Cyclobenzaprine / Lidocain 120mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

Decision rationale: The California MTUS addressed the use of topical analgesics preparations for the treatment of neuropathic and osteoarthritis pain. Topical analgesic preparations can be utilized when trials of oral NSAIDs, anticonvulsant and antidepressant medications are ineffective, cannot be tolerated or have failed. The guidelines also recommend that topical products should be tried and evaluated individually for efficacy. The records did not show that orally administered first-line medications have failed. There is no evidence based guideline indication for the use of topical Cyclobenzaprine in the treatment of chronic pain. Topical use of Ketoprofen is associated with a high incidence of photosensitivity and dermatitis. The criterion for the use of Ketoprofen/Cyclobenzaprine/Lidocaine 120mg was not met. Therefore the request is not medically necessary.