

Case Number:	CM14-0072965		
Date Assigned:	07/16/2014	Date of Injury:	04/09/2011
Decision Date:	09/10/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/20/2014

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:

This patient is a 47-year-old female who has developed chronic pain involving her low back, shoulders, and wrists subsequent to a cumulative trauma injury dated 4/9/11. She has been treated with physical therapy, chiropractic and oral analgesics. Surgery for her right wrist and right shoulder has been recommended. She has been diagnosed with lumbar spondylosis and MRI studies revealed an S1 nerve root impingement. She has also been diagnosed with carpal tunnel syndrome with positive electrodiagnostics consistent with mild changes. In addition a right shoulder rotator cuff syndrome has been diagnosed with MRI studies consistent with impingement and rotator cuff tendinosis and partial tears.

IMR ISSUES, DECISIONS AND RATIONALES

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

240 Gr Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% between 5/14/14 and 8/12/14: 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 Page(s): 111-113.

Decision rationale: The MTUS Guidelines are very specific regarding the use of topical agents for chronic pain. If a compound contains an ingredient that is not recommended the compound is not recommended. MTUS Guidelines do not recommend the use of either Flurbiprofen or Tramadol as topical agents. There are no unusual circumstances to justify an exception to the Guideline recommendations. The 240 gm Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% between 5/14/14 and 8/12/14 is not medically necessary.