

Case Number:	CM14-0076400		
Date Assigned:	07/18/2014	Date of Injury:	06/02/2010
Decision Date:	10/02/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/27/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of July 2, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; and topical compounded agents. Several of the articles at issue were endorsed via a prescription form dated March 14, 2014. No clinical progress notes were attached to the same. The prescriptions at issue were also earlier ordered on January 17, 2014, again through usage of prescription forms which employed preprinted checkboxes. In an April 1, 2014 progress note, the applicant reported multifocal low back and thigh pain, ranging at 7/10. Epidural steroid injection therapy and facet joint injection therapy were sought, along with manipulative therapy and acupuncture. The applicant's work status and medication list were not furnished.

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%, CAMPOR 2% APPLY A THIN LAYER TO AFFECTED AREAS 3 TIMES A DAY FOR PAIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): PAGES 41, 42, 1.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL CAPSAICIN; TOPICAL ANALGESICS Page(s): 28; 111.

Decision rationale: No, the capsaicin-flurbiprofen-tramadol-menthol-camphor topical compound is not medically necessary, medically appropriate, or indicated here. As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, "topical capsaicin is recommended only as a last-line option, in applicants who have not responded to and/or are intolerant of other treatments." In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of the capsaicin-containing topical compound. Since the capsaicin component in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

240 GR DICLOFENANC 25%, TRAMADOL 15%, APPLY A THIN LAYER TO AFFECTED AREAS 3 TIMES A DAY FOR PAIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): PAGES 41, 42,.

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

Decision rationale: The Diclofenac-tramadol topical compound is likewise not medically necessary, medically appropriate, or indicated here. As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are "largely experimental." In this case, as with the other compounds at issue, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify selection and/or ongoing usage of this particular agent. Therefore, the request is not medically necessary.