

Case Number:	CM14-0077637		
Date Assigned:	08/27/2014	Date of Injury:	03/06/2013
Decision Date:	09/25/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/28/2014

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:

There were 537 pages provided for review. There was a May 1, 2014 noncertification. The concerns for the review were iterated in a letter dated May 27th 2014 from the attorney. They appeared administrative in nature. It is said that the defendant used a physician to conduct the utilization review who was not a physician within the same area practice as the physician's report was reviewed. It then noted that the utilization review performed was not performed by physician but rather a nurse. It was performed by a physician not licensed in the practice of medicine in California. The guidelines were not developed with the involvement from actively practicing physicians. Several other administrative critiques and criticisms were provided in regards to the review. The application for medical review involved a topical combination of flurbiprofen, capsaicin and camphor. The review was signed on May 27, 2014. Per the records provided, the patient is having lumbar spine pain. He has cramping that radiates down the left leg. He has numbness to the left leg and prolonged walking and standing that increases the numbness in the lumbar spine down the leg. The condition has not changed since his last visit. The patient did physical therapy. The doctor shared with the patient that there is no quick solution for back pain other than physical therapy and getting his course stronger. He does have a large annular tear at L4-L5 and disc desiccation at L3-L4, L4-L5 and L5-S1. He also has stenoses at these levels. The medicines were tramadol and diclofenac.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical medication, Flurbiprofen, Capsaicin and Camphor: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per the Chronic Pain Medical Treatment Guidelines page 111 of 127, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is not medically necessary.