

Case Number:	CM14-0082094		
Date Assigned:	07/21/2014	Date of Injury:	08/28/2009
Decision Date:	10/14/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/03/2014

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 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 55-year-old man was reportedly injured on July 28 2009. The most recent progress note, dated July 1, 2014, indicated that there were ongoing complaints of cervical spine pain radiating to the upper extremities as well as headaches. There was also a complaint of low back pain radiating to the lower extremities. The physical examination demonstrated tenderness of the cervical spine paravertebral muscles and pain with axial loading. There was a positive Spurling's test and decreased range of motion secondary to pain. There was decreased sensation at the C5 and C6 dermatomes. The examination of the lumbar spine noted tenderness over the paravertebral muscles with spasms. There were a positive seated root test and decreased lumbar spine range of motion. There was a normal lower extremity neurological examination. Diagnostic nerve conduction studies indicated moderate right and mild left carpal tunnel syndrome. An MRI of the lumbar spine revealed disc bulges at L3-L4 and L5-S1. An MRI of the cervical spine revealed disc bulges at C4-C5 and C6-C7 and a disc protrusion at C5-C6. Previous treatment was not discussed. A request had been made for a topical compound of Gab/Lid/Aloe/Cap/Men/Cam and Flurbiprofen/Capsaicin and was not medically necessary in the pre-authorization process on the ninth 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gab/Lid/Aloe/Cap/Men/Cam (Patch) 10 Percent/2 Percent/.5 Percent/.025 Percent/10 Percent/5 Percent Gel #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Compound drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the only Topical Analgesic Medications indicated for usage include anti-inflammatories, Lidocaine, and Capsaicin. There is no known efficacy of any other topical agents. Per the MTUS, when one component of a product is not necessary, the entire product is not medically necessary. Considering this, the request for Gab/Lid/Aloe/Cap/Men/Cam is not medically necessary.

Flurbiprofen/Capsaicin (Patch) 10 percent/.025 percent cream #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Compound Drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: The California MTUS Guidelines support topical NSAIDs for the short-term treatment of osteoarthritis and tendinitis for individuals unable to tolerate oral non-steroidal anti-inflammatories. The guidelines support 4-12 weeks of topical treatment for joints that are amendable topical treatments; however, there is little evidence to support treatment of osteoarthritis of the spine, hips or shoulders. When noting the injured employee's diagnosis, this request for Flurbiprofen/Capsaicin is not medically necessary.