

Case Number:	CM14-0084691		
Date Assigned:	07/21/2014	Date of Injury:	10/29/2011
Decision Date:	08/27/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/06/2014

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 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 injured worker is a 55 year-old male who was reportedly injured on 10/29/2011. The mechanism of injury is not listed. The most recent medical records dated 8/27/2013, 9/17/2013 and 4/11/2014, indicate that there are ongoing complaints of neck pain, headaches, back pain, knee and ankle pain. Physical examination demonstrated tenderness at the cervical paravertebral muscles with limited range of motion; positive Spurling's maneuver; positive Palmer compression and Phalen's test for numbness in the hands; tenderness to lumbar segments; seated nerve root test positive; tenderness at the knee joint line; positive McMurray sign; positive patellar compression test and pain with terminal knee flexion; tenderness at the anterior-lateral aspect of the ankle and plantar aspect of the feet with pain in terminal motion. Diagnosis: cervical discopathy, lumbar discopathy, carpal tunnel syndrome/double crush, internal derangement of knees, plantar fasciitis and internal derangement of the ankles. A request was made for Capsaicin/Lidocaine/Tramadol/Ketoprofen/Glycerin and was not certified in the utilization review on 5/9/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin/Lidocaine/Trmadol/Ketoprofen/Glycerin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: California Medical Treatment Utilization Schedule guidelines state that "topical analgesics are largely experimental and that any compound product that contains at least one drug (or drug class) that is not recommended, is not recommended." Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As such, this request is not medically necessary.