

Case Number:	CM14-0084954		
Date Assigned:	07/25/2014	Date of Injury:	03/07/2009
Decision Date:	10/06/2014	UR Denial Date:	05/29/2014
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 44 year-old male who was reportedly injured on 3/7/2009. The mechanism of injury is noted as an auto pedestrian accident. The most recent progress note, dated 5/20/2013 indicates that there are ongoing complaints of neck pain, low back pain that radiates in the bilateral legs and left knee pain. The physical examination demonstrated cervical spine is essentially unremarkable. Lumbar spine: full range of motion, some tenderness to palpation in the lower lumbosacral area. His motor and sensory exams were within normal limits. He had a positive Kemps test. No diagnostic studies of been submitted for review. Previous treatment includes medications, injections and physical therapy. A request was made for capsaicin/methyl salicylate/flurbiprofen and was not certified in the pre-authorization process on 5/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for medication (Capsaicin/Methyl Salicylate/Flurbiprofen 3-4 times a day duration unknown) dispensed on 06/12/13 for the lumbar spine.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 111-113 OF 127.

Decision rationale: The 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 considered medically necessary.