

Case Number:	CM14-0087919		
Date Assigned:	07/25/2014	Date of Injury:	10/28/2010
Decision Date:	09/08/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/11/2014

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 Orthopedic Surgery, 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 records, presented for review, indicate that this 54 year old female was reportedly injured on 10/28/2010. The mechanism of injury is undisclosed. The claimant underwent a lumbar spine fusion at L4 to L5, L5 to S1 in October 2013. The most recent progress note, dated 5/6/2014, indicated that there were ongoing complaints of low back pain with radiation to the lower extremities. Physical examination demonstrated moderate tenderness over L4 to L5 and L5 to S1, muscular guarding over bilateral erector spine muscle and gluteus maximus muscle 40 to 50 percent limited lumbar range of motion (ROM), strength 4+/5 right hip flexion/adduction, 4/5 right knee flexion/extension, right ankle dorsiflexion/plantar flexion, 5-/5 left dorsiflexion/plantar flexion and positive straight leg raise bilaterally. Plain radiographs of the lumbar spine, dated 1/23/2014, showed stable anterior screw fixation and inter-body graft at L4 to L5 and L5 to S1. Previous treatment included lumbar spine surgery, physical therapy, transcutaneous electrical nerve stimulation (TENS) and medications to include Tramadol, Gabapentin and Capsaicin topical cream. A request was made for topical cream containing Capsaicin, Menthol, Tramadol, and Camphor and was not certified in the utilization review on 5/7/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical cream containing capsaicin, menthol, tramadol, and camphor.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 112.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) guidelines support Capsaicin for treatment of pain in certain clinical settings; however, the requested medication is compounded with other ingredients. Treatment 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. As such, this request is not considered medically necessary.