

Case Number:	CM14-0088832		
Date Assigned:	07/23/2014	Date of Injury:	07/03/2012
Decision Date:	09/26/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/13/2014

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 Texas. 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 67 year old male who sustained an injury on 07/03/12. No specific mechanism of injury was noted. The injured worker was followed for complaints of neck pain and mid to upper back pain. Prior treatment included physical therapy and medications and multiple procedures including medial branch blocks and epidural neuroplasty procedures. The injured worker had prior history of lumbar surgical intervention. As of 03/27/14 the injured worker had continuing complaints of neck pain and low back pain between 6-7/10 in severity. Physical examination noted no significant loss of range of motion with significant spasms in the lumbar paravertebral musculature with associated spasms. The requested Flurbiprofen and Capsaicin 240mg and tox screen follow medications was denied by utilization review on 05/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 240 mg, Capsaicin 240mg: Upheld

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

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

Decision rationale: In regards to the use of Flurbiprofen and Capsaicin 240mg, the clinical documentation submitted for review and current evidence based guideline recommendations would not support this request. The CA MTUS Chronic Pain Treatment Guidelines and the US FDA note that the efficacy of compounded medications has not been established through rigorous clinical trials. The FDA requires that all components of compounded topical medication be approved for transdermal use. This compound contains Flurbiprofen which is not approved for transdermal use. The clinical documentation provided did not discuss the claimant's prior medication use and did not indicate that there were any substantial side effects with the oral version of the requested medication components. Therefore, this compound cannot be supported as medically necessary.

Tox Screen to Follow Medication: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) On-line <http://www.odg.twc.com/odgtwc/pain.htm>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER, URINE DRUG SCREEN TESTING.

Decision rationale: In regards to the toxicology screen the clinical documentation submitted for review would not support this request. The injured worker had multiple prior urine drug screen findings which noted inconsistent results regarding prescribed medications. There are no updated findings for this injured worker noting increased risk factors for medication abuse or diversion that would support updated toxicology screens. Given the paucity of recent clinical information to support this request, the toxicology screens is not recommended as medically necessary.