

Case Number:	CM14-0098374		
Date Assigned:	07/28/2014	Date of Injury:	06/20/2010
Decision Date:	09/10/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/26/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 60-year-old female who reported an injury on 06/20/2010 due to a slip and fall. The injured worker reportedly sustained an injury to her low back. The injured worker ultimately underwent surgical intervention. The injured worker's postsurgical chronic pain was managed with multiple medications and epidural steroid injections. The injured worker was evaluated on 02/10/2014. It was noted that the injured worker had ongoing low back pain complaints that radiated into the bilateral lower extremities. Physical findings included restricted range of motion of the lumbar spine secondary to pain with a negative bilateral straight leg raising test. The injured worker's diagnoses included chronic ongoing lumbosacral radiculitis and ulcers due to medication usage. The injured worker's medications were noted to be gabapentin, naproxen, hydrocodone, and omeprazole. A request was made for a topical analgesic to include flurbiprofen 25%/menthol 10%/camphor 3%/capsaicin 0.0375%. No justification for the request or Request for Authorization form was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

30gm Flurbiprofen 25%/Menthol 10%/Camphor 3%/Capsaicin 0.0375%: Upheld

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

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Decision rationale: The requested 30 gm flurbiprofen 25%/menthol 10%/camphor 3%/capsaicin 0.0375% is not medically necessary or appropriate. The clinical documentation submitted for review does not adequately address why an additional pain medication is needed in combination with the injured worker's already prescribed medication schedule. The California Medical Treatment Utilization Schedule does support the use of nonsteroidal anti-inflammatory drugs as a topical analgesic for short durations of treatment when the injured worker is intolerant or cannot take oral formulations of a nonsteroidal anti-inflammatory drug. However, it is noted that the injured worker is already taking a nonsteroidal anti-inflammatory drug. Additionally, the California Medical Treatment Utilization Schedule does not support the use of capsaicin unless the injured worker has failed to respond to conservative treatment and first-line medications to include antidepressants and anticonvulsants. The clinical documentation submitted for review does not provide any evidence that the injured worker had failed to respond to antidepressants and anticonvulsants. Therefore, ongoing use of this medication would not be indicated. Additionally, the clinical documentation does not provide any support for the need for an increased dosage of capsaicin over the normal 0.0225%. As such, the requested 30 gm flurbiprofen 25%/menthol 10%/camphor 3%/capsaicin 0.0375% is not medically necessary or appropriate.