

Case Number:	CM14-0188919		
Date Assigned:	11/19/2014	Date of Injury:	02/27/2008
Decision Date:	01/07/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/12/2014

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 Emergency Medicine, 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 injured worker is a 35 year-old male, who sustained an injury on February 27, 1998. The mechanism of injury is not noted. Pertinent diagnostics were not noted. Treatments have included: epidural injections, physical therapy, medications. The current diagnoses are: lumbar disc disease, right lower extremity radiculopathy, coccydynia. The stated purpose of the request for Retrospective; Flurbiprofen Powder, Lidocaine Powder, Menthol Crystals, Camphor Crystals, Lipoderm Base was not noted. The request for Retrospective; Flurbiprofen Powder, Lidocaine Powder, Menthol Crystals, Camphor Crystals, Lipoderm Base was denied on October 23, 2014, citing a lack of guideline support for this topical agent. The stated purpose of the request for Retrospective; Tramadol HCL Powder, Dextromethorphan HBR Powder, Capsaicin Powder was not noted. The request for Retrospective; Tramadol HCL Powder, Dextromethorphan HBR Powder, Capsaicin Powder was denied on October 23, 2014, citing a lack of guideline support for this topical agent. Per the report dated September 25, 2014, the treating physician noted complaints of lower back and right lower extremity pain. Exam findings included mild lumbar range of motion restriction, positive straight leg raising test, positive right-side Lasegue sign.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective; Flurbiprofen Powder, Lidocaine Powder, Menthol Crystals, Camphor Crystals, Lipoderm, Base: 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: The requested Retrospective; Flurbiprofen Powder, Lidocaine Powder, Menthol Crystals, Camphor Crystals, Lipoderm Base, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has lower back and right lower extremity pain. The treating physician has documented mild lumbar range of motion restriction, positive straight leg raising test, positive right-side Lasegue sign. The treating physician has not documented trials of first-line therapy. The treating physician has not documented intolerance to similar medications taken on an oral basis. The criteria noted above not having been met, Retrospective; Flurbiprofen Powder, Lidocaine Powder, Menthol Crystals, Camphor Crystals, Lipoderm Base is not medically necessary.

Retrospective; Tramadol HCL Powder, Dextromethorphan HBR Powder, Capsaicin Powder: Upheld

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

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

Decision rationale: The requested Retrospective; Tramadol HCL Powder, Dextromethorphan HBR Powder, Capsaicin Powder, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has lower back and right lower extremity pain. The treating physician has documented mild lumbar range of motion restriction, positive straight leg raising test, positive right-side Lasegue sign. The treating physician has not documented trials of first-line therapy. The treating physician has not documented intolerance to similar medications taken on an oral basis. The criteria noted above not having been met, Retrospective; Tramadol HCL Powder, Dextromethorphan HBR Powder, Capsaicin Powder is not medically necessary.