MAXIMUS Federal Services

Case Number:	CM14-0194970		
Date Assigned:	12/02/2014	Date of Injury:	06/30/2008
Decision Date:	01/14/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/20/2014

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 & Rehabilitation 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:

According to the records made available for review, this is a 47-year-old female with a 6/30/08 date of injury. At the time (10/30/14) of the Decision for retrospective: Tramadol; Dextrometh; Caps pwdr; PCCA Lipoderm base 30gm (Date of service: 9/9/14) and retrospective: Flurb pwdr; Lido pwdr; Menth crystals; Camphor crystals; PCCA Lipo base 30gm (Date of service 9/9/14), there is documentation of subjective (severe spinal stenosis) and objective (none specified) findings, current diagnoses (cervicalgia, joint derangement NOS - shoulder, adj. react-mixed emotion, sprain lumbar region, and sprain of knee & leg NOS), and treatment to date (medications). Regarding retrospective: Tramadol; Dextrometh; Caps pwdr; PCCA Lipoderm base 30gm (Date of service: 9/9/14), there is no documentation of neuropathic pain and that trial of antidepressants and anticonvulsants have failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE: Tramadol; Dextrometh; Caps pwdr; PCCA Lipoderm base 30gm (Date of service: 9/9/14): 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 Topical Analgesics Page(s): 111-112.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain when trial of antidepressants and anticonvulsants have failed, as criteria necessary to support the medical necessity of topical analgesics. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervicalgia, joint derangement NOS - shoulder, adj. react-mixed emotion, sprain lumbar region, and sprain of knee & leg NOS. However, there is no documentation of neuropathic pain and that trial of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for retrospective: Tramadol; Dextrometh; Caps pwdr; PCCA Lipoderm base 30gm (Date of service: 9/9/14) is not medically necessary.

RETROSPECTIVE: Flurb pwdr; Lido pwdr; Menth crystals; Camphor crystals; PCCA Lipo base 30gm (Date of service 9/9/14): 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 Topical Analgesics Page(s): 111-113.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of cervicalgia, joint derangement NOS - shoulder, adj. react-mixed emotion, sprain lumbar region, and sprain of knee & leg NOS. However, the requested retrospective: Flurb pwdr; Lido pwdr; Menth crystals; Camphor crystals; PCCA Lipo base 30gm (Date of service 9/9/14) contains at least one drug (lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for retrospective: Flurb pwdr; Lido pwdr; Menth crystals; Camphor crystals; PCCA Lipo base 30gm (Date of service 9/9/14) is not medically necessary.