

Case Number:	CM14-0197870		
Date Assigned:	12/08/2014	Date of Injury:	04/28/1997
Decision Date:	01/23/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/25/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 28, 1997. In a Utilization Review Report dated October 24, 2014, the claims administrator failed to approve a request for several topical compounded medications. The claims administrator referenced an RFA form of October 20, 2014 in its denial. The applicant's attorney subsequently appealed. In an August 18, 2014 progress note, the applicant reported ongoing complaints of low back pain radiating to the leg, 7/10 but the applicant reported difficulty to perform activities of daily living as basic as self-care, personal hygiene, ambulating, and hand usage. The applicant is status post an epidural steroid injection. Additional physical therapy was endorsed while the applicant was kept off of work. In an RFA form dated September 15, 2014, the applicant was given a prescription for Cymbalta, reportedly for depression. In an RFA form dated October 14, 2014, it appeared that the applicant was given prescriptions for Cymbalta and Medrol. The note was very difficult to follow, however. In a June 9, 2014 progress note, the applicant reported 5-7/10 low back pain complaints. The applicant's medication list was not provided. The applicant was kept off of work while additional physical therapy was endorsed. In an RFA form dated July 14, 2014, Neurontin, Seroquel, and Cymbalta were endorsed. In an associated progress note dated July 14, 2014, the applicant was described as using Neurontin, Seroquel, Cymbalta, Flomax, and Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Capsaicin (patch) 10%, 0.025% cream Qty 120: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin topic Page(s): 28.

Decision rationale: As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Capsaicin, the secondary ingredient in the compound at issue, is not recommended except as a last line agent, in applicants who have not responded to or are intolerant of other treatments. In this case, the applicant's ongoing usage of numerous first line oral pharmaceuticals, including Neurontin, Ultram, Cymbalta, etc., effectively obviated the need for the capsaicin-containing compound at issue. Therefore, the request is not medically necessary.

Lidocaine/Hyuronic (patch) 6%, 0.2 crm qty 120: 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)

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

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Lidocaine is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first line therapy with antidepressants and/or anticonvulsants, in this case, however, the applicant's ongoing usage of Neurontin, an anticonvulsant adjuvant medication, and Cymbalta, an antidepressant adjuvant medication, effectively obviated the need for the Lidocaine containing topical compound at issue. Therefore, the request was not medically necessary.