

Case Number:	CM14-0198540		
Date Assigned:	12/08/2014	Date of Injury:	04/29/2009
Decision Date:	02/27/2015	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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Florida

Certification(s)/Specialty: Family Practice

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 patient is a 53-year-old male who sustained a work related injury on 4/29/2009 and on 9/20/2011. The mechanism of injury on 4/29/2009 is not elaborated upon. The mechanism of injury on 9/20/2011 is described as falling off a ladder. He sustained injuries to his neck, back, elbows, and knees. Diagnoses include: headaches, brachial neuritis or radiculitis, cervical disc protrusion with myelopathy, lumbar disc protrusion, lumbar radiculopathy, bilateral elbow medial epicondylitis, left lateral elbow epicondylitis, right chondromalacia of patella, left patellar tendinitis, and depression. A recent physical exam noted some decrease of cervical range of motion and tenderness over the cervical spine. Tenderness of the left biceps tendon with decreased range of motion of the elbow. Lumbar range of motion was noted to be decreased, and the patient to have an antalgic gait. Work status was described as being off work until 11/6/2014. A request was made for Calypxo cream, and was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Calypxo Cream: 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: Calypso cream contains a combination of Methylsalicylate (a NSAID) and Menthol. The California MTUS guidelines state regarding topical NSAIDs, "The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." Likewise, the medical necessity of Calypso cream is not established.