

Case Number:	CM14-0072746		
Date Assigned:	07/16/2014	Date of Injury:	09/11/2012
Decision Date:	01/23/2015	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/19/2014

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, has a subspecialty in 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 63-year-old male who reported an injury on 09/11/2012. The mechanism of injury was not submitted for review. The injured worker has diagnoses of status post lumbar fusion with subsequent hardware removal, status post spinal cord stimulator implantation, lumbar radiculopathy and chronic low back pain. Past medical treatment consists of surgery, physical therapy, Functional Restoration Program, and medication therapy. Medications consist of OxyContin, Cymbalta, Ambien, Norco, and Naprosyn. No urinalysis or drugs screens were submitted for review. On 11/14/2013 the injured worker complained of left sided back pain. Upon physical examination it was noted that the injured worker had moderate tenderness over the lumbar paraspinals. Range of motion was limited in flexion at 80 degrees and extension at 5-10 degrees. There was diminished sensation to pinprick on the anterior right thigh and lateral calf. It was also noted that there was diminished sensation on the left and lateral thigh. Atrophy was noted to the right calf. Straight leg raise test was positive to the right leg, negative on the left. The medical treatment plan is for the injured worker to continue with medication therapy. There was no rationale or Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 15%: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for flurbiprofen 15% is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesia are primarily recommended for neuropathic pain when a trial of antidepressants or anticonvulsants have failed. Any compound product that contains at least 1 drug that is not recommended is not recommended. The guidelines further state that topical NSAIDS are recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints are that amenable to topical treatment. Recommended for short term use (4 to 12 weeks). The submitted documentation did not indicate the efficacy of the medication. Additionally, there was no evidence showing that the topical analgesia was helping with any functional deficits the injured worker might have had. Furthermore, the request as submitted did not specify a frequency, duration, nor did it state where the medication would be applied. Given the above, the injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.

Menthol 2%: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for menthol 2% is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesia are primarily recommended for neuropathic pain when a trial of antidepressants or anticonvulsants have failed. Any compound product that contains at least 1 drug that is not recommended is not recommended. The submitted documentation did not indicate the efficacy of the medication. Additionally, there was no evidence showing that the topical analgesia was helping with any functional deficits the injured worker might have had. Furthermore, the request as submitted did not indicate a frequency, duration, nor did it state where the medication would be applied. Given the above, the injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.

Camphor 240gm TID with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Camphor 24 gm 3 times a day with 1 refill is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesia are primarily recommended for neuropathic pain when a trial of antidepressants or anticonvulsants have failed. Any compound product that contains at least 1 drug that is not recommended is not recommended. The submitted documentation did not indicate the efficacy of the medication. Additionally, there was no evidence showing that the topical analgesia was helping with any functional deficits the injured worker might have had. Furthermore, the request as submitted did not indicate a frequency, duration, nor did it state where the medication would be applied. Given the above, the injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.