

Case Number:	CM14-0090695		
Date Assigned:	07/25/2014	Date of Injury:	06/23/2012
Decision Date:	01/02/2015	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/16/2014

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 Orthopedic Surgery 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 39 year old male with a reported industrial injury on June 23, 2012, the mechanism of the injury was not provided in the available medical records. The progress note dated November 21, 2013 notes complaints as intermittent thoracic spine pain that is severe and sharp in the mid/upper back, complaints of on/off moderate sharp low back pain, aggravated by prolonged sitting and prolonged walking, muscle spasms better with relaxation and the right wrist is intermittent moderate sharp pain with numbness and tingling with overuse, worse with repetitive movement and better with massage. The physical exam was positive for tenderness to palpation of the paravertebral muscles and spinous processes, tenderness to palpation of the right trapezius, T2-3 spinous process, T3-4 spinous process and T4-5 spinous process. The diagnosis on November 21, 2013 was Thoracic myofascitis, Thoracic sprain/strain, Lumbar disc protrusion, lumbar radiculopathy and right wrist sprain/strain. Past medical treatment and diagnostic testing were not included in the available medical records. On May 5, 2014 the provider requested Capsaicin 0.025%, Flurbiprofen 20%, Menthyl Salicylate 4%, Tramadol 10%, Menthol 2% and Camphor 2% 240gr which the Utilization Review non-certified on May 15, 2014 based on the California MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meds X 2 - Capsaicin 0.025%, Flurbiprofen 20%, Methyl Salicylate 4%, Tramadol 10%, Menthol 2%, Camphor 2% 240: 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): 111-112.

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore this request is not medically necessary.

Flurbiprofen 20%, Tramadol 20% 240gr x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics/NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore this request is not medically necessary.