

Case Number:	CM15-0000266		
Date Assigned:	01/09/2015	Date of Injury:	09/25/2013
Decision Date:	03/11/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	01/02/2015

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: Pennsylvania
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 injured worker is a 44 year old male, who sustained an industrial injury on 9/25/13. The physician documents the IW complains of headaches, burning, radicular neck pain and muscle spasms, burning low back pain radiating down the right leg associated with numbness and tingling of the bilateral lower extremities and burning right ankle pain and muscle spasms. Treatment to date has been x-rays, an MRI cervical and lumbar spine and right ankle 9/24/14, EMG/NCV dated 5/27/14 and PT along with medications. Treatment requested is Capsaicin, Menthol, Flurbiprofen, and Urine Drug Test. Utilization Review denied the requests on 12/3/14 per MTUS California Chronic Pain Medical Treatment Guidelines (May 2009).

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription of Capsaicin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Capsaicin is recommended only as an option in patient's who have not responded or are intolerant to other treatments. There is no documentation in the medical record that this was true in this case.

Unknown prescription of Menthol: 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 Salicylates Page(s): 105.

Decision rationale: Menthol by itself is not listed as a topical analgesic. Combined with methyl salicylate as in BenGay it may be appropriate. In this case it appears it is being prescribed by itself and is not medically necessary.

Unknown prescription of Flurbiprofen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Topical NSAID's such as Flubiprofen are indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is recommended for short-term use of 4-12 weeks. There is no indication for Flubiprofen in the treatment of back pain.

One urine drug test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. It may be appropriate if there is a concern for abuse in patients being prescribed opioids. In this case however, no rationale was provided in the medical record to warrant a urine drug screen.